LZ3000404829

(F	Requestor's Name)
(F	Address)
(<i>f</i>	Address)
(0	City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
	Business Entity Name)
(C	Document Number)
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COVER LETTER

Division of Corporations	
SUBJECT: HUMANISON Elite Athletic Training LLC Name of Limited Liability Company	_
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
AUTUMN HUTCHINSON Name of Person	
HUTCHINSUN Elite Athletic training	CCC
12538 WOOD HOLLOW CT	
JAX FL 32258 City/State and Zip Code	
HUTCHINSON 88211@ gmail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Automn Hutchinson at (904) 994 4876 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Co (additional copy is enclosed)	of Status & opy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303Tallahassee, FL 32303	2024 AUG 12 PX 5 TQ = TE E EX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUTCHINSON Elite	Athletic Training LLC
(<u>Name of the Limited Liability Comp</u> e (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000404829</u>	were filed on 81291202 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	vility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: MAY	Hutchinson
New Registered Office Address: 4425	U.S - 1 SOVM Unit 507 Enter Florida street address
St. Augi	JEMU Florida 32080
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I further agree to comply with the

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
			□Change
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record specifies a lis filed.	delayed effective d	ate, but not an ef	fective time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th day	after the
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