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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
Rogue Fire	manship Consulting & Training	ş LLC	
SUBJECT:			<u> </u>
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Logan Broberg		
		Name of Person	
	Rogue Firemanship Consul	lting & Training	
		Firm/Company	
	10655 Parkway Drive		
	Classical Placids 24711	Address	
	Clermont Florida 34711		
	Lobro125@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	tification)
For further information of	concerning this matter, please ca	all:	
Logan Broberg		561 578-9114	
Name c	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	_	Street Address:	
Registration		Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rogue Firemanship Consulting & Training LLC		2023 OCT 17 PH 5: 09
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our recoited Liability Company)	ords.)
he Articles of Organization for this Limited Liability Complorida document number	pany were filed on	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	
	<del></del>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<del> </del>	
		, · · ·
3. If amending the registered agent and/or registered off gent and/or the new registered office address here:	ice address on our records, <u>ent</u>	er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree 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
AR	Lindsey Broberg	10655 Parkway Drive Clermont FL 34711	
		<del> </del>	Remove
AR	Logan Broberg	10655 Parkway Drive Clermont FL 34711	🗗 Add
			□Remove
			<b>—</b>
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			Change

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cument's ecord spe s filed.	September	27 )	2023	ed representative		The 90th day after t