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COVER LETTER

TO: Registration S Division of Co					
	Name of Lin	ited Liability Company			
	Michael J Buckley				
	 	Name of Person			
	S3 Training Advising and	Engineering			
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	2004 Auburn Lakes Circle				
		Address			
	S3 Training Advising and Engineering Name of Limited Limbility Company and Articles of Amendment and fee(s) are submitted for filing. Important of Limbility Company Michael J Buckley Name of Person S3 Training Advising and Engineering Firm/Company 2004 Auburn Lakes Circle Address City/State and Zip Code Venice, F1. 34292 E-mail address: (to be used for future annual report notification) Limbility Company at (Area Code Daytime Telephone Number Table) Name of Person Name of Person Area Code Daytime Telephone Number Table S 560.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)				
	Venice, FL. 34292	City/State and Zip Code		2024 SE(
	E-mail address: (to be used for future annual report notifi	cation)		1
For further information	concerning this matter, please c	all:		6 16 A177	1
Michael J. Buckley				PH Y OF	i
Name	of Person		Telephone Number	3: 01 STATE E. FL	فر
Enclosed is a check for	the following amount:			• • • • • • • • • • • • • • • • • • • •	
■ \$25.00 Filing Fee		Certified Copy	Certificate (Certified Co	of Status & opy	
Mailing Addre	ess:	Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability (Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.23000497873	were filed on January 1st, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ity 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)		
	<u>-</u>	···
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office :		ECR AI
b. If amending the registered agent and/or registered office a agent and/or the new registered office address he <u>re</u> :	address on our records, <u>enter the ha</u> j	me of the new registered
· · · · · · · · · · · · · · · · · · ·		新 多 6
Name of New Registered Agent:		SSE CF
		M O Q
New Registered Office Address:	Enter Florida street address	<u> </u>
	Plantan	¥ / •
	Florida	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
AMBR	Ravi Noal Garcia-Basu	830 Seven Bridges Rd, Monticello, FL. 32344	= Add
			□Remove
			□ Change
	 		□Add
			□Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		□ Add
			□ Remove
			Change
			200 AUG 16 PR 34 SCHAMBARY CONST TALLAHIASSEE, F
			HASSEE ST
			FTA O
			□Add
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			□Add
		·	□ Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		~ 3
	SEC	2024 AUG
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	F. A.T.	-0-
Effec (If an el	tive date, if other than the date of filing:	
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed none's effective date on the Department of State's records.	
he reco ord is I	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after iled.	the
Danie	08/13/2024	
Dated	08/13/2024	
	Michael Q Buckley Signature of a member or augmented representative of a member	
	Signature of a member or authorized representative of a member	
	Michael J. Buckley Typed or printed name of signee	

Filing Fee: \$25.00