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(Req	uestor's Name)	
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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co		;			
	ban Training LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Rebecca Christine Rao				
	· · · · · · · · · · · · · · · · · · ·	Name of Person			
	Wildly Urban Training LL	C			
		Firm/Company			
	13794 CR 109D-3				
		Address			
	Lady Lake, FL 32159				
		City/State and Zip Code			
	wildlyurbantraining@iclou			S 3	
	E-mail address: (to be used for future annual report notified	ition)	2024 JAN	-
For further information	concerning this matter, please c	all:		三	Emilia Emilia
Rebecca Rao		352 6366669 at ()		: 11.1 00	
Name	of Person		elephone Number	PH 2: 25	O
Enclosed is a check for	the following amount:			Li, Oi	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Addr Registration	Section	<u>Street Address:</u> Registration Secti Division of Corpo			
P.O. Box 63	Corporations 27	The Centre of Tal			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wildly Urban Training LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comparison of the Liability C	ny were filed on 11/13/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LL	C" 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:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	e address on our records, ente	er the name of the new registered
agent and/or the new registered office address here:		PH 2: 2 CF STA CTE, FL
Name of New Registered Agent:		T 5
New Registered Office Address:	Enter Florida street addi	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 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>	<u>Address</u>	Type of Action
MGR Anthony Rao	13794 CR 109D-3	□Add	
		Lady Lake, FL 32159	■Remove
		<u></u>	□Change
MGR	Rebecca Rao	13794 CR 109D-3	
		Lady Lake, FL 32159	Add
			Change
			□ Add
			2 Change
		13794 CR 109D-3	Addp
			□Change
			🖸 Add
			□Change
			□ Add
			□Remove
			C Change

						
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Effective date, if other the lift an effective date is listed, the Note: If the date inserted document's effective date	in this block does	not meet the applic	able statutory filing r	(optiona than 90 days after fili equirements, this da	il) ng.) Pursuant to 605.0 ite will not be listed	207 (3 I as th
ne record specifies a delayed ord is filed.	l effective date, bu	it not an effective ti	me, at 12:01 a.m. on	the earlier of: (b)	The 90th day after t	the
Dated Hannary 3	A Gignature	of a member or anith	orized representative of	a member		
Rebecca Rao	-					

Filing Fee: \$25.00