| (Re | equestor's Name) | |
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| Centified Copies | _ Certificates of | Status |
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| Special Instructions to | Filing Officer: | |
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| | PUBLIC S | SAFETY & UTILITY TRAE | INING LLC | |
| SUBJECT: | | Name of Lim | nited Liability Company | |
| The enclosed Art | icles of Ar | nendment and fee(s) are sub | omitted for filing. | |
| Please return all o | correspond | lence concerning this matter | r to the following: | |
| | | ERIC PRICE | | |
| | | | Name of Person | |
| | | SF PUBLIC SAFETY & U | UTILITY TRAINING LLC | |
| | | | Firm/Company | |
| | | 1085 NE TUXEDO TERR | RACE | |
| | | | Address | |
| | | JENSEN BEACH, FL 349 | 957 | |
| | | | City/State and Zip Code | ≥; |
| | | JOE@TAXSHOPPEFLA.C | COM | -5 -5 |
| For further inform | mation con | E-mail address: (cerning this matter, please co | (to be used for future annual report notification) | ทุกระกราช |
| | mation con | cerning this matter, prease et | | |
| ERIC PRICE | | | 561 262-4303 at () | Pii 2 |
| | Name of P | erson | Area Code Daytime Telephone Number | 3 |
| Enclosed is a che | ck for the | following amount: | | |
| □ \$25.00 Filinį | g Fee | 室 \$30.00 Filing Fee & Certificate of Status | ☐ S55.00 Filing Fee & ☐ S60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed) | |
| | Address: ration Se | ction | Street Address: Registration Section | |
| - | | porations | Division of Corporations | |
| _ | ox 6327 | | The Centre of Tallahassee | |
| Tallaha | assee, FL | . 32314 | 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

* : : *

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEPUBLIC SAFETY & UTILITY TRAINING LLC

| (Name of the Limi | ited Liability Company as it now appears on (A Florida Limited Liability Company) | our records.) |
|---|--|---|
| he Articles of Organization for this Limited I lorida document number | Liability Company were filed on 11/13/ | 2023 and assigned |
| his amendment is submitted to amend the fol | lowing: | |
| If amending name, enter the new name o | of the limited liability company here: | |
| he new name must be distinguishable and contain the | words "Limited Liability Company," the design | nation "LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if appli | cable: | |
| Principal office address MUST BE A STRE | ET ADDRESS) | |
| | | |
| nter new mailing address, if applicable: | | |
| <u> 1ailing address MAY BE A POST OFFICE</u> | <u></u> | |
| | | () () () () () |
| . If amending the registered agent and/or gent and/or the new registered office addre | | rds, enter the name of the new regi |
| | ERIC PRICE | |
| Name of New Registered Agent: | ERICFRICE | 13-1 N |
| New Registered Office Address: | 1085 NE TUXEDO TERRACE | <u> </u> |
| - | Enter Florida . | street address |
| | JENSEN BEACH | , Florida 34957 |
| | 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 |
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