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COVER LETTER

TO:

TO: Registration Sec Division of Corp			
SUBJECT: A Clas	ss CDL Traini	ng Center LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Andrii	Olünyk Name of Person	
	A Class CDL	Training Center 1	LLC
	7753 Lego	acy Trail Address	
	Jacksonui!	Ne Florida 322 City/State and Zip Code	-56
	E-mail address: (2 abcd1.U5 to be used for future annual report not	ification)
For further information co	oncerning this matter, please of	all:	
Avidenti Name of	Oliingk Person	at (<u>786</u>) <u>707</u> Area Code Daytin	- 567G ne Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	☑\$30.00 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 Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Class CNI Training Center ILC

(Name of the Limited Liabil	ity Company as it now appears on our a Limited Liability Company)	records.
	•	
ne Articles of Organization for this Limited Liability C	Company were filed on $\frac{03/t}{1}$	3/2024 and assigned
orida document number <u> </u>	 '	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	
e new name must be distinguishable and contain the words "Lin	nited Liability Company," the designatio	n "ELC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		57.
rincipal office address MUST BE A STREET ADDI	RESS)	• • • • • • • • • • • • • • • • • • •
		- 7 ::
nter new mailing address, if applicable:		ंंंग
failing address MAY BE A POST OFFICE BOX)		29
If amending the registered agent and/or registere	d office address on our records.	enter the name of the new registe
ent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		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
AMBR	Anastasia Udodova		□ Add
		7753 Legacy Trail Jacksonville FL 32256	□Remove ☑ <u>Change</u>
AMBR	Andrii Oliinyk		□Add
		7753 Legacy Trail Jacksonville FL 32256	⊠Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		-	□Remove
			⊡Change
			□Add
			□Remove
			□Change

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		han the date of f			(6	ptional)	
an effective oter 11 th	e date is listed, the	edate must be specifi in this block does	e and cannot be pric	r to date of filing o	or more than 90 days	after filing.) Pursuant to , this date will not be	605.0207 (
ocument's	s effective date	on the Department	of State's record:	i.	ming requirements	tins date will not be	lisicu as i
ecord spe	ecifies a delayec	l effective date, bu	t not an effective	ime, at 12:01 a.	m, on the earlier o	f: (b) The 90th day a	after the
is filed.						•	
	T 1	2, <u>st</u>	400				
nted	July	31 st	2024	Q_{α}			
	/		$\sim l$	/// _			
_		/					_
		Signature	of a meniber of and	norized representa	tive of a member		
		1	// •		Udodova		

Typed or printed name of signee