## L24000258169

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TAILAHASSEE FL

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Staying Alve CPR Training LLC  Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Rebeccy Helmoranan Name of Person	
Staging Alve CR Training LLC	SECRETARY SECRETARY
3100 NOIN AVE	1,00° and 1
City Spine Ind Zip Code	OF STAT
E-mail address: (to be used for future annual report notification)	, H
For further information concerning this matter, please call:	
Redeca Hemmanan at 994) 3265 9759  Name of Person at 994) Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Certified Copy (additional copy (additional copy)	Status &
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compan (A Florida Limited L.	ex as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L24000358149</u>	were filed on <u>Ovebjaard</u> a	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
210		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:	3100 NW HY AK	
(Principal office address MUST BE A STREET ADDRESS)	220 Frays, Fr	202/ SE
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	NIA P	CRETARY OF STU
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of t	ine new registered
Name of New Registered Agent: Rebe	cca Hemmanan	
New Registered Office Address:	NA -5GME Enter Florida street address	
	. Florida	
		o Code
New Designary Anant's Signature if changing Designary Agents		

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 **Type of Action Address** Title **Name** □ Change Hermonin 3100 N □ Change ALLA PASSED F □Add □Remove □Change  $\square$ Add □Remove □Change □Add □Remove

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Note: If the da	te inserted in this block ective date on the Depar	does not meet t	he applicable st	atutory filing req	uirements, this dat	e will not be	listed as th
ne record specific ord is filed.	es a delayed effective da	te, but not an ef	Tective time, at	12:01 a.m. on the	e earlier of: (b) 1	The 90th day a	ifter the
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