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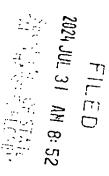
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COVER LETTER

TO: Registration S Division of C			
Center Fo	or Technology Training LI	C	
SUBJECT.		Name of Limited Liab	oility Company
Dear Sir or Madam:			
The enclosed Statemer	nt of Correction and fee(s) a	are submitted for filin	u.
Please return all corres	spondence concerning this i	natter to the following	p.
Peter Hogaboom			
	Name of Person		_
	Firm/Company		-
	Time Company		
, , , , , , , , , , , , , , , , , , , 	Address		-
4328 Barletta Ct Wesl			_
	City/State and Zip Code		
ph2208@gmail.com E-mail address: (to be used for future annua	report notification)	-
For further information	concerning this matter, pl	ease call:	
Peter Hogaboom		566 at (310-5536
Name	of Person	Area Code	Daytime Telephone Number
Mailing Addi Registration Division of P.O. Box 6: Tallahassee	n Section Corporations 327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check fo	or the following amount:		
□\$25 Filing Fee	■ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuai	nt to section 605.0209, F.S., this document is being submitted to correct a previo	usly filed document			
FIRST	: The name of the limited liability company is: Center For Technology Training				
		STATE OF CHEL			
SECO		ККЮЗ13816			
THIRI	Articales of Organization				
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APP	LICABLE STATEMENT			
	Contains an incorrect statement. The incorrect statement, the reason the statement are as follows:	ent is incorrect, and the corrected			
I fill out the LLC form with H&H Real Estate Services LLC. Then i click autofill my home address, when I did					
	didnt notice it change the name to Center for Technology Traing because i was on my work computer doing the				
Form when i paid i notice my reciept and call the sates with in 2 min ,what happen, was told to wait till it shows.					
	<u>OR</u>				
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction as follows:				
	<u>OR</u>				
The electronic transmission of the record was defective.					
	Signature of Authorized Representative	uly 19 2024			
	re of new registered agent, if applicable :(NOTE: if correcting the registered aging the designation).	Date ent, the new registered agent must sign			
I hereb provisio obligati	egistered Agent's Signature, if changing Registered Agent: v accept the appointment as registered agent and agree to act in this capacity. I ons of all statutes relative to the proper and complete performance of my duties, ions of my position as registered agent as provided for in Chapter 605, F.S. Or, a change in the registered office address, I hereby confirm that the limited liabili	and I am familiar with and accept the if this document is being filed to merely			

Registered Agent's Signature

Filing Fee: Certified Copy:

of this change.

\$25.00

\$30.00 (optional)