

24000368824

	(Requestor's Name)	
	(Address)	
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•	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
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COVER LETTER

TO: Registration Division of C			
	Police Training, LLC		
SUBJECT:	Name of Lin	nited Liability Company	_
The enclosed Articles of	of Amendment and tee(s) are sul	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Summer McLaughlin		
	 -	Name of Person	_
	Grunder & Petteway, P.A.		
	<u> </u>	Firm/Company	
	23349 NW CR 236, Ste. I	0	
		Address	_
	High Springs, FL 32643		
		City/State and Zip Code	
	summer@grunder-petteway	c.com	
	E-mail address: (to be used for future annual report notification)	_
For further information	concerning this matter, please c	all:	
Summer McLaughlin		386 454-1298 x 226	
Name	of Person	Area Code Daytime Telephone Num	her
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee. ficate of Status & fied Copy final copy is enclosed)
Mailing Addro	·	Street Address: Registration Section	
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 63	27	The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite	: 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Anytime Police Training, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{L24000368824}{L24000368824}$.		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	.iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202 SE
(Principal office address MUST BE A STREET ADDRESS		L S
		P ::
		ASS
Enter new mailing address, if applicable:		mn. I
(Mailing address MAY BE A POST OFFICE BOX)		
		ITÍ UT
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

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>	<u>Address</u>	Type of Action
MGR	Joey Schentrup	836 Turkey Creek	□Add
		Alachua, FL 32615	■Remove
			□ Change
MGR Joseph Schentrup	Joseph Schentrup	836 Turkey Creek	= Add
		Alachua, FL 32615	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Adđ
			□Remove
			□Change

	
L Effect	ive date, if other than the date of filing: (optional)
(If an ef Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
ecord is fi	
Dated	SEPTEMBER 3 2024
Dated	SEPTEMBER 3 2024 Mik Collect Signature of a member or authorized representative of a member

ET CAROL

Typed or printed name of signee