L25000005504

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10/20/25

COVER LETTER

TO:	Registration Sect Division of Corpo						
SUBJE		: : , LLC dba TACTIQ Training					
3013312	C1.	Name of Lim	ited Liability Company				
The enc	losed Anicles of A	mendment and fee(s) are sub	mitted for filing.				
Please n	eturn all correspon	dence concerning this matter	to the following:				
		Regina Do Rosario					
		····	Name of Person				
		Seventeen76, LLC dba TA	CTIQ Training				
			Firm/Company	 ,			
		7217 E. Colonial Dr. Ste 2	11				
			Address			2012	
		Orlando, FL 32807			:	2025 SEP	i
			City/State and Zip Code			្សា	
		info@tactiqtraining.com				P)	
		E-mail address: (to be used for future annual report notifi	cation)	: : (c.)	ئ ب	(,
For fun!	her information co	ncerning this matter, please ca	all:			PH 5: 24	
Regina	Do Rosario		321 350-3600				
	Name of I	'erson	Area Code Daytime	Telephone Number	_		
Enclose	d is a check for the	following amount:					
	i.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing F Certificate of S Certified Copy (additional copy):	Status &		
	Mailing Address:		Street Address:	u:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Lim</u>	ited Liability Compa (A Florida Limited)	iny as it now appears on ou Liability Company)	r records.)			
The Articles of Organization for this Limited I Florida document number L25000005504	Liability Company	were filed on 01/02/202	5	and ass	igned	
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liab	ility company here:				
TACTIQ Training, LLC						
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbrev	iation "L.	L.C."	
Enter new principal offices address, if appli	cable:	7217 E. Cotonial Dr			2	
(Principal office address MUST BE A STRE.		Ste 211			S	
		Orlando, FL 32807			-6-	
					Ġ	i į
Enter new mailing address, if applicable:		7217 E. Colonial Dr			\exists	;
(Mailing address MAY BE A POST OFFICE	BOX)	Ste 211		37.	à	— 1 :
		Orlando, FL 32807		27 (***	-	
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	_		, enter the name of	the nev	v regis	<u>stered</u>
New Registered Office Address:	7217 E. Colon	ial Dr. Ste 211				
11635 Tegistored Office Hadress.		Enter Florida stree	rt address			_
	Orlando		Florida <u>32807</u>			
		Ciņ		Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:	L				
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete	performance of my du	ties, and I am fami	iliar wit	h and	

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
MGR	Regina Do Rosario	7217 E. Colonial Dr. Ste 211, Orlando, FL 32807	
			■ Clunge
			□Add
			ERemove
			□ Change
			⊡Remove
			ElChange
			PAdd ⊒
			ΩRemove
			□Change
			□ Add
			□Change
			🗆 Add
			□Remove
			□Change

ate is used, the date mustate inserted in this ble fective date on the Defices a delayed effective	epartment of \$	an effective 2025	olicable stards.	atutory filii 12:01 a.m.	ing requi	an 90 days at tirements, t e earlier of:	, this date v) Pursuant will not b	t be list
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Filing Fee: \$25.00