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COVER LETTER

TO:	Registration Section' Division of Corporations	
SUBJI	Name of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Ropald Jensen Name of Person	
	Ths Customs LLC Firm/Company	
	8710 Goshen Lane	
	Port Richey, F1 34668 City/State and Zip Code Rob @ TrsCustoms, Com E-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification)	
For fu	ther information concerning this matter, please call:	
- <u>-</u>	Rona Densen at (727) 808-9475 Name of Person at (727) Area Code Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
E \$2	5.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fe \\ Certificate of Status \\ (additional copy is enclosed) \\ (additional copy is enclosed) \Bigcup \\$60.00 Filing Fe \\ Certified Copy \\ (additional copy is enclosed) \\ \Bigcup \\$60.00 Filing Fe	atus &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1115 605	toms LLC
(Name of the Limited) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number 90075 (80) This amendment is submitted to amend the follows:	<u>o</u> .
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	Jason Andrew Wells 13109 Sheridan Drives
New Registered Office Address:	13109 Sheridan Drives
	Hudson Florida 34667 City Zip Code
New Registered Agent's Signature, if changing Reg	tistered Agent:
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605, F.S. Or, if this document is gistered office address, I hereby confirm that the limited liability ange.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Name	Address	Type of Action
MGRM	Ronald Jensen	8710 Goshen Lane	D Add
		Port Richey, F1 3466	Remove
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	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m	n. on the	e earli	er o
The 9	Oth day after the record is filed.			
	1			
Dated _	August 2, 2017.			
				
	Signature of a member or authorized representative of a member			
	Ronald Jensen Typed or printed name of signee			

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Filing Fee: \$25.00