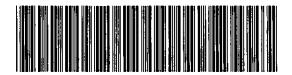
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K.SALY EXAMINER JUN - 9 2015

COVER LETTER

Division of Corporations
SUBJECT: Tret, 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:
Kelvin Daise
Name of Person
Ireti LLC
Firm/Company
125 NW 11th Avenue
Address
Dania Bch, FL 33004
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kelvin Daise at (954) 920-2190 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 ARTICLES OF ORGANIZATION **OF**

The Articles of Organization for this Limited Liability Company were filed on May 12, 2014 and assigned

Florida document number L/4000076306

This amendment is submitted to amend the following:

Α.	If amending name	enter the new	name of the limit	ted liability company	here.

The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the

<u>ew</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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

or removed from our records: MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> Address **Type of Action** Kimberly Daise Dania Bch, FL 33004 Remove ☐ Change MGR Kelvin Daise 125 NW 11th Ave (XAdd Dania Bch, FL 33004 Remove ☐ Change _□ Add ☐ Remove ☐ Change Remove' Change F □ Add ☐ Remove ☐ Change □ Add □ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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Effective date If an effective date Note: If the da document's effe	e is listed, the te inserted it	date must be s this block d	oecific and oes not m	cannot be	oplicable s	e of filing o	more than ing requir	90 days afte	i onal) r filing.) I s date w	Pursuant to	605.0207
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Filing Fee: \$25.00