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THE STATE OF STATE

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COVER LETTER

TR 4502, I	AC				
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing			
r rease return an correspo	indence concerning mis matter	to the following.			
	LOREN ESPOSITO				
	· · · · · · · · · · · · · · · · · · ·	Name of Person			
	Division of Corporations TR 4502, LLC Name of Limited Liability Company				
		Firm/Company			
SUBJECT: TR 4502, LLC					
	HOLLYWOOD, FL 3302	I			
	· 	City/State and Zip Code			
			infication)		
For further information c	oncerning this matter, please c	all:			
LOREN ESPOSITO		561 225-2676			
Name e	f Person	Area Code Daytii	me Telephone Number		
Enclosed is a check for the	he following amount:				
S25.00 Filing Fce		Certified Copy	Certificate of Status & Certified Copy		
			ection		
Division of C	forporations	Division of Co	orporations		
P.O. Box 632		The Centre of			
Tallahassee,	FL 32314	2415 N. Monn	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

TR 4502, LLC

	oited Liability Company as it now appears on our re (A Florida Limited Liability Company)	OF STATE
The Articles of Organization for this Limited	Liability Company were filed on 09/23/2010	
Florida document number L10000099680 This amendment is submitted to amend the fo		
A. If amending name, <u>enter the new name</u>	•	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office address on our records, en	iter the name of the new regi
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office address on our records, en	
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or gent and/or the new registered office addr	registered office address on our records, en	
igent and/or the new registered office addr Name of New Registered Agent	registered office address on our records, eness here: BREGER DE BIASE, PLLC	iter the name of the new regi
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent.	registered office address on our records, eness here: BREGER DE BIASE, PLLC 3440 HOLLYWOOD BLVD., STE, 415 Enter Florida street ac	iter the name of the new regi

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:

or remov	ved from our records.	•		
MGR =	Manager			

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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Affective date, if other than the fan effective date is listed, the date me Note: If the date inserted in this belocument's effective date on the I	block does not meet the	be prior to date of fil Capplicable statute			505.0207 isted as
record specifies a delayed effecti d is filed.	ve date, but not an effe	ctive time, at 12:0	l a.m. on the earlier of	of: (b) The 90th day at	fter the
	2022				
Pated JUNE 21					
Pated	247	 ·			
Pated JUNE 21	Signalin) of a member of		entative of a member		

Filing Fee: \$25.00