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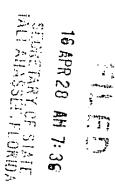
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COVER LETTER

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

TREVIO GR	ent is submitted to amend the following: ng name, enter the new name of the limited liability company here: ust be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." incipal offices address, if applicable:
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>LØ4ØØØ57</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADL	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, enter the name of the new
	5 APR
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida Find Code

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

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 **Type of Action** <u>Title</u> Name <u>Address</u> John Safko MGR 300 NE 2nd St XAdd Pompano Beach, FL 33060 ☐ Remove ☐ Change Adrian Lee Pompano Beach, FL33060 Remove ☐ Change □ Add □ Remove ☐ Change ☐ Add □ Remove _□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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