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COVER LETTER

	Registration Se Division of Cor				
CHRIC	Tres Locos				
SUBJEC	Name of Limited Liability Company				
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		Ron P. Brown			
			Name of Person		
		Tres Locos L.L.C.			
			Firm/Company		
	124 Penny Brooke Lane (aka 8251 Hardwood Landing)				
			Address		
		Saint Augustine, FL 32092			
		RonPBrown26@Gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report notifi	cation)	
For furthe	er information c	oncerning this matter, please ca	ill:		
Ron P. B			904 613 5299 at ()		
	Name o	l'Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for th	ne following amount:			
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$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 TO ARTICLES OF ORGANIZATION OF

Tres Locos L.L.C.		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on January 18th, 2005	and assigned
Florida document number L05000008667		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	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)		\$ 23 \$ECG 25 71
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		-
Name of New Registered Agent:	FLORIDA	F STATE
New Registered Office Address:	Enter Florida street address	
	mada	
	, Florida	Zip 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Scott A. Stanley	616 Twenty First Street. Saint Augustine, FL 32084	Add
			Remove
			□ Change
MGR	Mark V. Stanley	1446 Rosecran Lane Green Cove Springs, FL 32043	
			■ Remove
			Change
			□ Remove
			Change
			Remove
			Change
<u></u>			Add
			Remove
			Change
			Remove
			Change

. if ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u> I	ve date, if other than the date of filing:
b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	2019 Signature of a member or authorized representative of a member.
	Signature of a member or authorized representative of a member
	Ron P. Brown
	Typed or printed name of signee

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Filing Fee: \$25.00