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JUN 2 7 2019
S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT:	TRAA, L	L Conted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	stephe,	n Mark Bo	Ker
	_ IRA	Frm/Company	
	9015	AMENICAN Address	ARd #9
	VERO Y	SEACH F1. 3. City/State and Zip Code	2966
	Mark E-mail address: (t	L Q I Vaa UC. CO Po be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	ill:	
Stephen 1 Name o	Mark BAKEN f Person	at (772) 56 T Area Code Daytim	7-0551 e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab Florida document number <u>L 0 60000 70</u>	bility Company wer <u>39 (</u> .	re filed on <u>JVL7</u>	1-1, 2006	_ and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability	company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liability (ompany," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applical	ble:		 عرج	: 19
(Principal office address MUST BE A STREET	<u> ADDRESS)</u> _			
	_			7 17
Enter new mailing address, if applicable:	_			G 9
(Mailing address MAY BE A POST OFFICE B	<u> </u>			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offi	ce address here:			
Name of New Registered Agent:	Stephe	n Maru	Baken	,
New Registered Office Address:	9015 r	Americana	Ad#9	
	Vero B	n Maru Im cricAna Enter Florida street d each City	_, Florida <u>3</u>	2-966 Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registations filed to merely reflect a change in the re	and complete per ered agent as prov	formance of my dutic ided for in Chapter (es, and Lam fam 605, F.S. Or, if i	iliar with and his document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
MGR	Stephen Mark B	AKER	
	·	9015 Americana Rateg Veno Beach, F/32966	🗆 Remove
		Veno Beach, F/32966	Change
			□ Remove
			🗅 Change
			□ Add
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	if other than the date of filing: Gottomal Gottomal			
Effective date, if other than the date of filing: ### Jos ### (optional) (If an effective date is listed, the date must be specific and cannot be prior to date/of filing or more than 90 days after filing.) Pursuant to 605 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied by The 90th day after the record is filed.	if other than the date of filing: Hold 19 (optional)			
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Dated June 12	Lenden Bale			.m. on the earlier of
	Signature of a member or authorized representative of a member	Dated	June 12. 2019.	
Signature of a member or authorized representative of a member	C A difference of a memory of armorphism (absolute of a memory	_	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00