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COVER LETTER

	Registration Se Division of Corp				
SUBJEC	TRAFFICO	P, LLC.			
		Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	urn all corr e spo	ndence concerning this matter	to the following:		
		Kirk T. Bauer, Esquire			
			Name of Person		
		Bauer & Associates Attorn	neys at Law, P.A.		
			Firm/Company		
	P.O. Box 459				
			Address		
		DeLand, FL 32721-0459			
			City/State and Zip Code		
		kbauer@delandattorneys.co			
For further	er information o	E-mail address: (oncerning this matter, please c	to be used for future annual report notific		
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Kirk T. E	Bauer		386 734-3313 at ()	5.5	THE PERSON
-	Name of	Person		Felephone Number	,-,-
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Enclosed	is a check for th	e following amount:		\$ 28 \$7.55	
\$25.0	00 Filing Fee	S30.00 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 enclose	

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

TRAFFICOP, LLC				
(Name of the Lin	Ited Liability Comp. (A Florida Limited	ny as it now appears on our reco Liability Company)	rds.)	
The Articles of Organization for this Limited Florida document number L07000114738	· · · · · · · · · · · · · · · · · · ·	were filed on 11/13/2007	and assigned	
This amendment is submitted to amend the for	llowing:			
A. If amending name, enter the new name	of the limited lish	llity company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	986 Terry Drive		
(Principal office address MUST BE A STRE	ET ADDRESS)	Melbourne, FL 32935		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	681 Saint Clair St. #361096 Melbourne, FL 32935		
B. If amending the registered agent and registered agent and/or the new registered of	or registered of	fice address on our record	100	
Name of New Registered Agent:	David Jenurm		[
New Registered Office Address:	986 Terry Drive	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	- 	Enter Florida street addre	KIT .	
	Melbourne	, F	lorida <u>32935</u>	
		City	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 Chienging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

Title	Name	<u>Address</u>	Type of Action
MGRM	DAVID JENURM	986 Terry Drive	ਛੋ Add
		Melbourne, FL 32935	
			Change
MGRM	James B. Hurley		□ Add
			≅ Remove
			☐ Add
			Remove
			Change
. <u></u> -			
			□ Remove □ Ghange □ Add
			Remove U
			□ Веточе

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		Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00