## U9000021125

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(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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## **COVER LETTER**

SUBJECT:	TROS, LLC					
SOBJECT.		Name of Lim	ited Liability Company			
		nendment and fee(s) are sub-	•			
Please return	all corresponde	ence concerning this matter	to the following:			
	•	Benjamin Stephenso	on			
			Name of Person		_	
		TROS, LLC				
			Firm/Company		_	
		1741 NW 89TH Terr	ace			
		· · · · · · · · · · · · · · · · · · ·	Address		_	
		Miami, FL 33147			_	
		hac@tracaroup.com	City/State and Zip Code	•		
	•	bas@trosgroup.com  E-mail address: (	to be used for future annual re	port notification)	1 <u></u> , <u>1</u>	
For further in	nformation cond	cerning this matter, please ca	all:		20 TE - C	ELEMENTS .
	Name of Po		Area Code	Daytime Telephone Number	PH 1: OF STA OF LOR	
Enclosed is	a check for the	following amount:			55 10A	•
□ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55,00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certifie	ate of Status &	

TO:

**Registration Section Division of Corporations** 

> 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

TROS, LLC		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on March 03, 2009	and assigned
Florida document number L09000021125		
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
Jasper Steward, LLC		
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re	gistered office address on our records, enter	the name of the new
registered agent and/or the new registered office a	ddress here:	2015 3257 7ACL
		20 70
Name of New Registered Agent:		
New Registered Office Address:		ASS ASS ASS
New Registered Office Address.	Enter Florida street address	<b>四</b>
	Diamida	FF. S. T. C.
<del>-</del>	, Florida	Tim Cody

## 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBK =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			□ Remove
			Add Remove
	-		ANY OF ASSEE FI
		<del></del>	
			Remove
			□ Remove

•	tion, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
e effective date must be specific, cann	ot be prior to date of receipt or filed date and cannot be more than 90 days after
the effective date must be specific, cannot date this document is filed by the Floridan 20	ot be prior to date of receipt or filed date and cannot be more than 90 days after
he effective date must be specific, cannule date this document is filed by the Florated January 20	not be prior to date of receipt or filed date and cannot be more than 90 days after orida Department of State)  2015
he date this document is filed by the Floated  January 20	sot be prior to date of receipt or filed date and cannot be more than 90 days after orida Department of State)  2015  Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

