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	(Requestor's Name)				
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· COVER LETTER

τó:	Registration Section Division of Corporations				
SUBJE	CT: Name Change to TRella Wynn LC Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	Name of Person				
	Firm/Company				
	1302 Welch Ridge Ter. Address				
	City/State and Zip Code				
	E-mail address: (to be used for future annual report obtification)				
For furt	her information concerning this matter, please call:				
	Name of Person at (407) 252 - 2116 Area Code & Daytime Telephone Number				
A STATE OF	of is a check for the following amount: 00 Filing Fee * S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) 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 Compan (A Florida Limited Li	vas it now appears on our records. ability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $10-2-2009$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbrevia	 tion
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)	P.O. Box 609091 Orlando, FL 32860	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		<u>iew</u>
Name of New Registered Agent:		
New Registered Office Address:	ASS TO	_
	Enter Florida street address	
	City Zin Code	
New Registered Agent's Signature, if changing Registered Agent:	AH ID: C	J
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ete performance of my duties, and I am familiar with a rovided for in Chapter 608, F.S. Or, if this document is	nd

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			C Damasus
			— n
			Add Remove
			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Add Remove
			Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets,	
Dated	October 4th,		
	Signature of a n	nember or authorized representative of a member	oer
		Thy Nauyea Typed or printed name of signee	<u>.</u>

Page 2 of 2

Filing Fee: \$25.00