Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SWART BAUMRUK & COMPANY, LLP

Account Number : I20000000291 : (407)847-7466 Phone Fax Number : (407)847-6641

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: taxes@sbc-cpa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RSI HOLDINGS, LLC

Certificate of Status Certified Copy Page Count 04 Estimated Charge \$25,00

Electronic Filing Menu Corporate Filing Menu

Help

To: (((17210003100723))) ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

RSI Holdings, LLC		
(Name of the Limited Liability Comps (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>December 3, 200</u>	9 and assigned
Florida document number <u>L09000115378</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
TravHoldings, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)		
		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	•
Name of New Registered Agent:	· -	ALLES AUG
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida _	
	City	Zip Code ==
New Registered Agent's Signature, if changing Registered Agent	<u> </u>	S. F

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

•			
From: Rachelli Malit	Fax: 13214025194	To.	Eav. (950)

n: Rachelli Malit Fax: 13214025194 To: Fax: (850) 617-6383 Page: 3 of 4 08/24/2021 8:31 AM

(((H210003168/23)))

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>	Name	Address	Type of Action
			🗆 🖊 🗖 Add
			□Remove
			□Change
			🗆 \\dd
			□Remove
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To:

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cument's	effective date on the Department of State's records.			
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record spe I is filed. Pated	August 17 2021 Signature of a member or authorized re	presentative of a member	RU AM 9: 14	G