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(H	Business Entity Name)			
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Certified Copies	Certificates of	f Status			
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Special Instructions to	o Filing Officer:				
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Office Use Only

COVER LETTER

TO: Registration Section Division of Corporation					
SUBJECT: TON		Ted Liability Company	LLC		
The enclosed Articles of Art					
Please return all corresponde	ence concerning this matter	to the following:			
	HAM COUNT	Name of Person		2011 MAR	
			: در	AR -7 PM:2:46 SEIGRY SE CHAIS NHASSEE, FLERUDA	
	4519 SE	Firm/Company 16th PL suite Address	2 101	FLERIUS	J
				,,,	
	E-mail address: (City/State and Zip Code KE Q YMATL. Colo be used for future annual report notifications.	cation)		
For further information con-	cerning this matter, please o	all:			
TODD HAT	J KE_	at (239) 628 - 7	2630 e Telephone Number		
		•	•		
Enclosed is a check for the 6	following amount: \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filin	g Fee, of Status &	
-	Services of Switts	(additional copy is enclosed) Certified C		
	G ADDRESS: on Section	STREET/COURI Registration Sectio			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRABEMARK IND	ROVEMENTS	LLC
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our re	cords.)
(A Florida Elittled E	nability Company)	13,2010
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document numberL1000012 7141	· · · · · · · · · · · · · · · · · · ·	
rionda document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
	-	201 201
The new name must be distinguishable and end with the words "Limit	ed Liability Company " the des	signation "LLG" or the shbreviation"
"L.L.C."	t	
Enter new principal offices address if applicables		
Enter new principal offices address, if applicable:		च च ना
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		_
		· · · ·
<u>.</u>		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		s, enter the name of the new
Name of New Registered Agent:		
•		
New Registered Office Address:	Enter Florida	street address
	Sher Morida	sireer address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
Thomas and the manifest of the second state of		
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl		
accept the obligations of my position as registered agent as p		

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 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 = Manager

MGRM = Managing Member Title <u>Name</u> <u>Address</u> Type of Action MANAGER STEFAN MEYER 2701 N.U Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ∏Add Remove |Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00