## L12000005126

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## **COVER LETTER**

**Registration Section** 

Tallahassee, FL 32314

TO:

Division of Corpor	rations				
SUBJECT:	TRAUM	IERROSS LLC	د:		
	Name of Limi	ted Liability Company	12 JAN 25 PH 2		
The enclosed Articles of Am	endment and fee(s) are sub	omitted for filing.	25		
Please return all corresponde	ence concerning this matter	to the following:	3		
			13		
	De	esi R. Kellermann, Esq.	ď		
-	Name of Person				
	Desi R. Kellermann, P.A.				
-	Firm/Company				
_	605 Lincoln Rd., Suite 400				
		Address			
_	Miami Beach, FL 33139				
		City/State and Zip Code			
	De	sikellermann@aol.com			
-	E-mail address: (	to be used for future annual report no	dification)		
For further information conc	erning this matter, please of	call:			
Desi R. Ke	illermann, Esq.	at (_ 305 )	672 3134		
Name of Pe	rson		ime Telephone Number		
Enclosed is a check for the fo	ollowing amount:				
\$25.00 Filing Fee	\$30.00 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 enclosed)		
Registratio	f Corporations	STREET/COU Registration Sec Division of Corp Clifton Building	ocrations		

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRAUMERROSS LLC  (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
(A Florida Limited Liability Company)					
The Articles of Organization for this Limited Liability Company were filed on January 11, 2012 and assigned					
Florida document numberL12000005126					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and end with the words "Limited Liability 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)					
maning university in the property of the boxy					
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:					
Name of New Registered Agent:					
New Registered Office Address:					
Enter Florida street address					

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

MGR = Manager

MGRM	= Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
<del></del> .			Add Remove		
			Add Remove		
	-		Add Remove		
			Add Remove		
			Add Remove		
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
	The new Principal Address for Traumo	erross LLC is as follows:			
	3124 N.E. 42 Court, Ft. Lauderdale, F	L 33308			
			_		
			_		
Dated	January 12 , 201	2	- <del></del>		
- In Vlass					
Signature of a member or authorized representative of a member					
Don Ross, Manager  Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00