Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000239730 3)))



H150002397303ABC/

To:	7.12 2.12 2.13 2.14
10.	Division of Corporations
	Fax Number : (850)617-6383
From:	DOCUMENTS PARTIES OF THE PARTIES OF
	Account Name : ROGERS, TOWERS, BAILEY, ET AL Account Number : 076666002273
	Phone : (904)398-3911 Fax Number : (904)396-0663
	il address for this business entity to be used for future port mailings. Enter only one email address please.**
nual rep	ess:
nual rep	ess:
nual rep	ess:
nual rep	MND/RESTATE/CORRECT OR M/MG RESIGN TRD ENTERPRISES, LLC
nual rep	MND/RESTATE/CORRECT OR M/MG RESIGN TRD ENTERPRISES, LLC Certificate of Status

Electronic Filing Menu

Corporate Filing Menu

Help

10/00015

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRD I	enterprises, llc	
(Name of the Limited Liabil) (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Corida document number L12000153338	Company were filed on December 7, 2012	and assigned
his amendment is submitted to amend the following:		
L. If amending name, enter the new name of the lim	nited liability company here:	SECTION SECTION
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	O (93)
Enter new principal offices address, if applicable:		6 E
Principal office address MUST BE A STREET ADD	RESS)	12 S 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or regisegistered agent and/or the new registered office add		ater the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
·	, Florid	··
	City	Zip Code

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person penng number or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Charles F. Mills, III	1301 Riverplace Blvd., Suite 1500	
		Jacksonville, FL 32207	€ Remove
			Change
MGR.	Benjamin F. Davis	3115 Riverside Avenue	5 Add
		Jacksonville, FL 32205	Bemove
			SS TO Change I
			THE PLANT
			Remove
			Change
			Add
			Remove
	·		Change
			Remove
			Change
			□ Remove
			Change

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Signature of a member or airthorized representative of a member

Charles F. Mills, III
Typed or printed name of signes

Filing Fee: \$25.00