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FEB 1 6 2016 S. YOUNG

## **COVER LETTER**

TO: Registration Se Division of Cor				
TTRV Palm	Beach LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of .	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		,
	Antoine Gendre			
		Name of Person		
	Wolkar LLC			
		Firm/Company		
	805 North andrews ave			5 5 5 C
		Address		
	fort lauderdale, Fl 33311			# A 60 }
	ameristargroupe@gmail.com	City/State and Zip Code		The second secon
		to be used for future annual	report notification)	
For further information co	oncerning this matter, please ca	all:		<u>&gt;</u> '
Antoine Gendre			98725	
Name of	Person	at () Area Code	Daytime Telephone Number	<del></del>
Enclosed is a check for the	e following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is end	Certifica (losed) Certified	ite of Status &
Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314	Registrat Division Clifton E 2661 Exc	T/COURIER ADDRESS: tion Section of Corporations Building ecutive Center Circle see, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TTRV Palm Beach LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records and Liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Compa	ny were filed on 03/07/2016	and assigned
Florida document number L13000034866		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		10-10-10-10-10-10-10-10-10-10-10-10-10-1
(Principal office address MUST BE A STREET ADDRESS)		
		表点 <b>あ</b>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	***************************************	
		gram and a second
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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

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>	<u>Name</u>	Address	Type of Action
MGRM	Jerome Vernet	8-5 M. AMARINI AVE FORT LAWEL ???311	
		FORT (A)D (F1. 33311	Remove
		7257	Change
MGRM	Claire Vernet	SOT MADRENU AVE	□ Add
			■ Remove
			Change
MGRM	TTRV INVESTMENT LLC	FORT WASSENDALE FI. 3 M	
		· ·	Remove
			Change
			Add —
			Remove
			Change
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Filing Fee: \$25.00