

L130000043440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 06 2013

D. BRUCE

COVER LETTER

Check #
1152

TO: Registration Section
Division of Corporations

SUBJECT: **TRAWETS LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL STEWART

Name of Person

TRAWETS LLC

Firm/Company

10916 GILLETTE AVE

Address

TEMPLE TERRACE, FL 33617

City/State and Zip Code

PRIVATESUPERMAN@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL STEWART

Name of Person

813 210-4503

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TRAWETS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/20/2013 and assigned
Florida document number L13000043440.

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)

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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: PAUL STEWART

New Registered Office Address: 10916 GILLETTE AVE

Enter Florida street address

TEMPLE TERRACE, Florida 33617
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 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.


Paul Stewart
If Changing Registered Agent, Signature of New Registered Agent

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

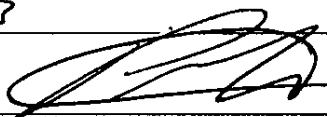
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Paul Stewart	10916 gillette ave	<input checked="" type="checkbox"/> Add
		temple terrace, fl 33617	<input type="checkbox"/> Remove
MGRM	Paul Stewart	10916 gillette ave	<input type="checkbox"/> Add
		temple terrace, fl 33617	<input checked="" type="checkbox"/> Remove
MGR	Donna Stewart	10916 gillette ave	<input type="checkbox"/> Add
		temple terrace, fl 33617	<input checked="" type="checkbox"/> Remove
MGRM	Zachary Stewart	10916 gillette ave	<input type="checkbox"/> Add
		temple terrace, fl 33617	<input checked="" type="checkbox"/> Remove
MGRM	Andrew Stewart	10916 gillette ave	<input type="checkbox"/> Add
		temple terrace, fl 33617	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 7/30/13



Signature of a member or authorized representative of a member

PAUL STEWART

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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