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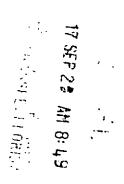
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COVER LETTER

SUBJECT:	TRUPIX TE	Pavelle LLC				
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	TERRY	1 SNOW				
		Name of Person		- -		
	TROPIN	c TRAveler, Lu	_ C.			
		Firm/Company		_		
	315 € 1	Venteno Lano Ave	, UNIT	28		
	***	Address				
		PARK FL 327				
		City/State and Zip Code				
	15RY. SI	NOW & CUTLOUK.	Corn		17	
For further information c	E-mail address: (City/State and Zip Code Cov	tion)	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	SEP 23	
TERRY S	Snow	at (407) 405-	٥/23		ÅM	'ı'.
Name o	f Person	Area Code Daytime T	elephone Numbo		67:8	1
Enclosed is a check for the						
□ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Sta	tus &	

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRUPIX TRAVELEY LCC

THOSE IX THEY	- /		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appeared Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>41300015/254</u> .	ny were filed on	10/28/13	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company he	re:	
743 HOLDINGS, LCC			
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the d	esignation "LLC" or t	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	17
Curan and the state of the stat		g.	(SSET. A. 17)
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			2. t 2. c 2. c
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h Name of New Registered Agent:		our records, <u>en</u>	ter the name of the n
New Registered Office Address:	Enter Flor	ida street address	
		. Florida	
·	City	, 1101142	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>		
hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of s provided for in C	my duties, and Le Chapter 605, F.S.	um familiar with and Or, if this document is
ī f Cł	hanging Registered Ag	ent, Signature of New	w Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			Change
			_□ Remove
			Change
			Add Remove Remove Remove Add Remove
			——————————————————————————————————————
			Remove
			□ Change
			□ Add
			□ Remove
			Change
			Add
		·····	Remove
			☐ Change

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Dated 9/27 17 Signature of a member or authorized representative of a member	document's ef				ate, but n	iot an e	ffective t	me, at 1	.2:01 a.r	n. on the	e earlic	er of
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Filing Fee: \$25.00