L14000009012

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(C	ity/State/Zip/Phone #)
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COVER LETTER

	tegistration Sec Division of Corp			
SUBJECT	, ITREKKE	RS, LLC		
SOBJEC		Name of Lim	ited Liability Company	
The enclos	sed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspon	dence concerning this matter	to the following:	
		C. Todd Marks, Esq		
			Name of Person	
		Westchase Law, P./	٩.	
			Firm/Company	
		442 W. Kennedy Blv	/d., Suite 320	
			Address	
		Tampa, FL 33606		
		tommullieze E-mail address: (1	City/State and Zip Code attakkets.com tobe used for future annual report not	dification)
For further	information con	cerning this matter, please ca	all:	
C. Todd	Marks, Esq		813 490-521 at ()	
	Name of P	erson	Area Code Daytin	ne 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)	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

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION**

(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I Florida document number L14000009012		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company her	<u>re</u> :
The new name must be distinguishable and end with the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	يم
(Principal office address MUST BE A STRE.	ET ADDRESS)	F -71
	 	
		ST OF TH
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	Ex. 6.
B. If amending the registered agent and registered agent and/or the new registered of	office address here:	our records, enter the name of the new
Name of New Registered Agent:	Westchase Law, P.A.	
New Registered Office Address:	12029 Whitmarsh Lane	
	Enter Florid	da street address
	Tampa	, Florida 33626
	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 o

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>`itle</u>	Name	Address	Type of Action
			□ Add
			Remove
			□ Add
			☐ Remove
			□ Add
			□ Remove
			Add
			□ Remove
			Add
			☐ Remove

			Add
			☐ Remove

ffective date, if other than the date of fi he effective date must be specific, cannot be prior to he date this document is filed by the Florida Depart	ling: (optional) o date of receipt or filed date and cannot be more than 90 days after ment of State)
ated 12/16/2014	there ? waterstransforterenterenter ?
, ,	
	
Signature o	f'a member or authorized representative of a member
Signature o	f'a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00