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er.	JBJECT:	Trick Rab	bit Customs, LLC		•			
31	DJECI.		Name of Lim	ited Liability Company				
	,			,				
Th	e enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		·		
Ple	ease return	all correspor	dence concerning this matter	to the following:	•			
			Donald Rossy					
				Name of Person				
			Trick Rabbit Custom	ns, LLC				
				Firm/Company				
			1700 NW 27th Stree	et				
				Address				
			Oakland Park, Florid	da 33311				
				City/State and Zip Code				
			E-mail address: (to be used for future annual report notification	on)	ري سر د د د هو	2015 M	eqq
Fo	r further ir	nformation co	ncerning this matter, please ca	all:		20	MAR 3	700mb 33:0
D	onald R	ossy		786 222-8700				
		Name of	Person	Area Code Daytime Tele	ephone Number	C G G	PH 12: 35	3 = 4; h h.umar
En	closed is a	check for the	following amount:			"yle"	U	-
×	\$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fili Certificate Certified (additional of	e of Stati Copy		

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 OT ARTICLES OF ORGANIZATION **OF**

Trick Rabbit Customs, LL0			
(Name of the Lim	ited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited I Florida document number L14000101355	Liability Compar	ny were filed on 06/25/2013	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
n/a			
The new name must be distinguishable and end with the	e words "Limited Li	ability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	n/a	
(Principal office address MUST BE A STRE.	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>	n/a	
B. If amending the registered agent and registered agent and/or the new registered of			2818
Name of New Registered Agent:	Donald Ro	ossy	
New Registered Office Address:	n/a		30
		Enter Florida street address, Florida	PH 2:
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agen	<u>t:</u>	

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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kenneth Renda	1700 NW 27th Street	Add
		Oakland Park, FL 33311	Remove
MGR	Donald Rossy	1700 NW 27th Street	Add
		Oakland Park, FL 33311	□ Remove
	*	_	□ Add
			☐ Remove
			Add
			Remove or AR 30
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Page 3 of 3

Filing Fee: \$25.00

