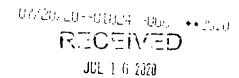
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AUG 2 6 2020

S. YOUNG

13

COVER LETTER

TO: Registration of Division of	on Section F Corporations	
THE T	RADITIONALIST, LLC	
SUBJECT	Name of Limi	ited Linbility Company
The enclosed Article	es of Amendment and fee(s) are sub-	mitted for filing.
Please return all cor	respondence concerning this matter	to the following:
	JACKTE ROJAS-QUTNON	TES .
		Name of Person
	ACCOUNTING & BEYOR	ND LLC
		Firm/Company
	7121 N. HABANA AVE.	
		Address
	TAMPA, FL 33614	
		City/State and Zip Code
	JENLYNNTATTOO@GMA	AIL.COM o be used for future annual report notification)
For further informati	ion concerning this matter, please ca	•
JACKIE ROJAS-QI	-	813 998-9800
	me of Person	at (
	for the following amount:	Sayimle relegione realization
≅ \$25.00 Filing Fe	ce \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Division (P.O. Box	on Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	
pany as it now appears on our records.) d Linbility Company)	
y were filed on 07/02/2014 and assigned	
bility company here:	
bility Company," the designation "LLC" or the abbreviation "L.L.C."	
1312 E. 7TH AVE.	
SUITE 109	
TAMPA, FL 33605	
1312 E. 7TH AVE.	
SUITE 109	
TAMPA, FL 33605	
e address on our records, <u>enter the name of the new regist</u>	
Futo Elevida manadado	
Enter Florida street address	
, Florida	
ıl	

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

Title	<u>Name</u>	Address	Type of Action
MGRM	JENNIFER FREE	1312 E. 7TH AVE., SUITE 109, TAMPA, FL 33605	j ⊟Add
			□Remove
			Change
			CJAdd
			□Remove
			DChange
		DAdd	
			□Remove
			□Change
			🗆 Add
			□Remove
			GChange
		□Add	
		□Remove	
			□Change
			🗆 Add
			_ CRemove
			

-	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	ve date, if other than the date of filing:
e record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	ULY 14 , 2020) .
	Signature of a member or authorized representative of a member
	Jennifer free
	Typed or printed name of signee

Filing Fee: \$25.00