

Florida Department of State
Division of Corporations
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Division of Corporations
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Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TROUVILLE 2 LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

FEB-01 2016

S. YOUNG

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

TROUVILLE 2 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 September 11th, 2014 and assigned Florida document number L14000142670.

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) _____

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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 of New Registered Agent

MGR = Manager
AMBR = Authorized Member

☐ Add ☐ Remove

☐ Add

☐ Remove

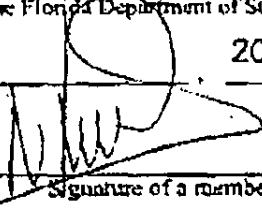
☐ Add

D. If amending any other information, enter change(s) here: (ATTACH SEPARATE SHEET IF NECESSARY)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 26 2016



Signature of a member or authorized representative of a member

MIGUEL SALABERRY

Typed or printed name of signer

FILED
16 JAN 29 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA