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DIVISION OF CCE OF ALTICULE

COVER LETTER

	Registration Se Division of Cor			
SUBJEC		ets Enterprises, LLC		
SUBJEC	· I ·	Name of Limi	ted Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Neil Strauss		
			Name of Person	
		Trade Secrets Enterprises,	LLC	
			Firm/Company	
		7421 N. University Drive,	Suite 304	
			Address	
		Tamarac, FL 33321		
			City/State and Zip Code	
		drstrauss@wounddoc.com	to be used for future annual report not	: C 4:)
For furth	er information c	oncerning this matter, please ca	·	meanon)
Neil Stra		oncoming this matter, pieuse et	954 7228080	
		of Person	at ()	ne Telephone Number
Enclosed	d is a check for the	he following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on orations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trade Secrets Enterprises, LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 11/20/14	and assigned
Florida document number	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)	60 TT
		* 5
Enter new mailing address, if applicable:		PH 33
(Mailing address MAY BE A POST OFFICE BOX)		بن
Maning address MAT BE AT OST OF THE BOAT		02
		<u> </u>
B. If amending the registered agent and/or regi	stered office address on our records	s, enter the name of the nev
registered agent and/or the new registered office add	<u>dress here</u> :	
Name of New Registered Agent:		-
New Registered Office Address:		
	Enter Florida strect addres	55
	, FI	orida
	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Brietstein, Richard	7421 N. University Drive, Suite 304	Add
		Tamarac, FL 33321	■ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Remove 16 CAppe Add PH Remove Remove
			Change
			Add
			Remove
		<u> </u>	Change
			Add
			Remove
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_		
Effectiv	e date, if other than the date of filing:	(optional) cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03
b) <u>No</u>	ctive date is listed, the date must be specific and <u>ste:</u> If the date inserted in this block does no ument's effective date on the Department of	of meet the applicable statutory filing requirements, this date will not be listed
	ord specifies a delayed effective data	e, but not an effective time, at 12:01 a.m. on the earlier of:
Dated _	November 28	, 2016
	Signature of a men	mper or authorized representative of a member
	Neil H. Strauss	/ped or printed name of signce

Page 3 of 3 Filing Fee: \$25.00

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