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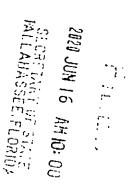
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COVER LETTER

CCT;	Worldu Name of Limit	ide Trailer U	LC
closed Articles of A	mendment and fee(s) are subn	nitted for filing.	
return all correspon	dence concerning this matter to	o the following:	
	Sh	annon M May	
	_ workwis	b Trailer LLC Firm/Company	
	5017	W. Coolidge Ar	ve
	E-mail address: (10	o be used for future annual report notif	Of. COM
ther information co	ncerning this matter, please ca	ll:	
Olie C	Our Nes Person	at (<u>\$\\\3\)</u> Daytimo	- 0003 ext 101 Telephone Number
ed is a check for the	· following amount:		_
5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60,00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
	Division of Corp	Shame of Limitelessed Articles of Amendment and fee(s) are subtreturn all correspondence concerning this matter to Shame of Limitelesses and Shame of Person Shame of Limitelesses are subtreturn all correspondence concerning this matter to Shame of Person Shame of Limitelesses are subtreturn all correspondence concerning this matter. The shame of Person Shame of Person	Division of Corporations CT:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

(Same of the Limited Liab)	Trailer UC lity Company as it now appears on our records	<u>.</u>)
	da Limited Liability Company)	±5 ~ 2
The Articles of Organization for this Limited Liability Florida document number 1150003251		2015 and assigned
Torida document namoci	<u>15-1</u> .	33. -
This amendment is submitted to amend the following:		Sin 6
A. If amending name, enter the new name of the lin	mited liability company here:	E L O 48 E L O 17 E L O 17 E L O 17
The new name must be distinguishable and contain the words "Li	imited 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 ADL	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or register agent and/or the new registered office address here		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
new registered Office Augress.	Enter Florida street address	
	, Flo	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 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	Shannon M May	5017 N. coolidge Ave	🗹 Add
		5017 N codidge Ave Tampa, 12 331014	□Remove
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ecord specifies a is filed.	delayed effective	date, but not	un effective t	ime, at 12:01 :	i.m. on the ear	lier of: (b)	The 90th	i day afte	r tł
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Filing Fee: \$25.00