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| PICK-UP | WAIT MAIL |
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| (D | ocument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | o Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Re | gistration Sec vision of Corp | ction porations | * | |
|--|---|----------------------------------|-------------------------|-------------------------|
| CHDIECT | | LLC | | |
| SUBJECT | | Name of Limi | ited Liability Company | |
| The enclose | ed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please retur | n all correspor | ndence concerning this matter | to the following: | |
| | | Doris L Trotter | | |
| Division of Corporations W Trotter, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Doris L Trotter Name of Person W TROTTER, LLC Firm/Company 2700 SW 16th Street Address Fort Lauderdale, FL 33312 City/State and Zip Code doritrotter3@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Doris L Trotter Name of Person Name of Person The address of the following amount: Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate Copy (additional copy is enclosed) Certificate Of Status Certificate Of Status Certificate Opy (calditional copy is enclosed) | · · · · · · · · · · · · · · · · · · · | | | |
| | | WTROTTER | | |
| Division of Corporations W Trotter, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Doris L Trotter | | | | |
| | | 2700 SW 16th Street | | |
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| | | Fort Lauderdale, FL 33312 | | |
| | | | City/State and Zip Code | |
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| | | | - | notification) |
| For further | information co | oncerning this matter, please ca | all: | |
| Doris L Tr | otter | | | i |
| | Name of | Person | Area Code Day | time Telephone Number |
| Enclosed is | a check for th | e following amount: | | |
| \$25.00 | Filing Fee | | Certified Copy | Certificate of Status & |

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 TO ARTICLES OF ORGANIZATION OF

FILED 2015 SEP -8 PM 12: 40

W Trotter, 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 03/25/2015 | and assigned |
|--|---|------------------------------|
| Florida document number L15000053379 | <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 | mited 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 ADD | RESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Flor | |
| | 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> | <u>Address</u> | Type of Action |
|--------------|--------------------------|---------------------------|----------------|
| MGR | Doris L Trotter | 2700 SW 16th Street | ■ Add |
| | | Fort Lauderdale, FL 33312 | □ Remove |
| | | | □ Change |
| AMBR | Richard Lee Ross Trotter | 2700 SW 16th Street | Add |
| | | Fort Lauderdale, FL 33312 | Remove |
| | | | ☐ Change |
| | | | Add |
| | | . | □ Remove |
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| (If an ef Note: | ive date, if other than the date of filing: | 605.0207 (3)(isted as the |
| :he red) The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea 90th day after the record is filed. | rlier of: |
| Dated | September 2 2015 | |
| | | |

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00