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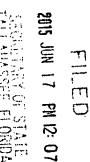
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

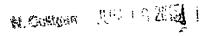
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COVER LETTER

Division of Cor	porations	•					
CUDIFOT.	TRESCAS	TRO RONDA LLC					
SUBJECT:	Name of Limi	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	LEA	ANNE MUJICA GALLEG	0				
		Name of Person					
TRESCASTRO RONDA LLC							
		Firm/Company					
	980 V	INERIDGE RUN APT 30'	7				
		Address					
	ALT	AMONTE SPRING FL 32	714				
		City/State and Zip Code					
	LE	EADRUKI@GMAIL.COM					
	E-mail address: (t	o be used for future annual re	port notification)				
For further information c	oncerning this matter, please ca	ıll:					
LEANNE MUJ	ICA GALLEGO	321	314-2086				
Name o	f Person	at () Area Code	Daytime Telephone Number				
Enclosed is a check for the	ne following amount:						
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &				

MAILING ADDRESS:

TO:

Registration Section

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 JUN 17 PM 12: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TRESCAST	RO RONDA LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability C	ompany were filed on	04/07/2015	and assigned
Florida document numberL15000060638	_ ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
	-		
Untar naw mailing address if annicable.			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
Maning matress MAT BEATOST OF FICE BOX	 	· ··	
			.
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent agent and/or the new registered office additional agent agen		our records, ente	r the name of the new
registers agent what of the new registered office add	ites nete.		
Name of New Registered Agent			
New Registered Office Address:			
	Enter Flori	da street address	
	Cir.	, 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

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	LUIS E SANDOVAL DECENA	131 SUMMERSET DR	■ Add
		APOPKA FL 32712	
			Change
AMBR	MARIA A RAMIREZ MARTINEZ	131 SUMMERSET DR	_ ■ Add
		APOPKA FL 32712	☐ Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			☐ Change
			
			Remove
-			□ Change
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Note: If the c	e, if other than ate is listed, the dat late inserted in the Tective date on the	his block does	filing: _ ific and car is not meet	nnot be prior	to date of able statu	filing or more	than 90 day	(optional)	.) Pursuant to 6	605.020
ocument s ei	rective date on t	.ne isepartite	it of State	. s records.	•					
	pecifies a del day after the			e, but no	ot an eff	ective tin	ne, at 12	:01 a.m.	on the ear	lier of
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Page 3 of 3

Filing Fee: \$25.00