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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PROVIDENCE TRAM Really 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:
Kathy A. Perna
PROVIDENCE TEAM Realty
P. O. Box 40313
St. Petershing 7L. 33743 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kathy A. Pekna at (727) 735-3327 Nathe of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta

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

PROVIDENCE VEH (Name of the Limited Liability C (A Florida Lin	m Realky LLC
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com- Florida document number <u>L 15 000 100 954</u> .	pany were filed on $\frac{6/10/2015}{}$ and assigned
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 contain 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 ADDRES	<u>S)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the new</u> s <u>here</u> :
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

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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	CHARIES Medalie	7811 Ashley Circle	
		Bradenton FL	□ Remove
		34201	
MGR	Anthony A. Pepua Je	2301 DAYLMOUTH AVE	N D Add
MGR Anthony A. Popus		St. Petershurg Fl.	□ Remove
			☐ Change
			□ Add
		<u> </u>	Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change
			Remove
			Change

. If amei	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	re date, if other than the date of filing:
) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	11/27/2017 . 2017 A Constant of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	KAthy A. PekNA Typed or printed name of signee

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Filing Fee: \$25.00