## UIS000101547

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## **COVER LETTER**

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TO:	Registration Sec Division of Corp			
SUBJE		ni Trail, LLC		
SUBJE	C1	Name of Limi	ted Liability Company	
The enc	losed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please r	eturn all correspon	dence concerning this matter t	to the following:	
		Rexford R. Koch		
			Name of Person	<del></del>
	•	Koch & Company, CPA		
		- **···	Firm/Company	
		225 W. Virginia Ave.		
			Address	
		Punta Gorda, FL 33950		
			City/State and Zip Code	<del></del>
		Rex@kochcpas.com		
For furt	her information co	E-mail address: (to	o be used for future annual report notifi all;	cation)
Rexfor	d R. Koch		941 637-0544 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	e following amount:		
□ \$25	.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)

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

1975 Tamiami Trail, 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 June 10, 2015 \_\_\_ and assigned Florida document number L15000101547 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 "LLC." 509 Wyandotte St. Enter new principal offices address, if applicable: Bethlehem, PA 18015 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: 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

or removed	Authorized Person(s) authorized to m from our records:	ianage, <u>enter the title, name, ar</u>	nd address of each person being ad			
MGR = Manager AMBR = Authorized Member						
<u> </u>	<u>Name</u>	Address	Type of Action			
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Effective date, if other than the date of filing:  f an effective date is listed, the date must be specific and cannot be shock. If the date inserted in this block does not meet the document's effective date on the Department of State's re-	pol prior to da applicable ecords.	ate of filing of statutory fi	r more than 90 ling requirem	(optiona days after filin eents, this dat	l) g.) Pursu e will n	uant to 605.
ne record specifies a delayed effective date, b The 90th day after the record is filed.	out not ar	n effectiv	e time, at	12:01 a.m	. on th	ne earlie
Dated June 16 , 2015	; 					
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Filing Fee: \$25.00