L15000209507

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submisso Links) Harries
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100317427851

b +31 1 -- L12 -- E-2 + €25.3

SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER SEP 0 5 2018

COVER LETTER

SUBJECT:	TROM CON	NSTRUCTION, LLC		
SUBJECT		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		LUIS R. CALDERON		
			Name of Person	
		BELAIR ACCOUNTING	SERVICES, INC.	
		, 	Firm/Company	
		1627 E. VINE STREET, S	UITE 110	
			Address	
		KISSIMMEE, FL 34744		
		ADLUSH@AOL.COM	City/State and Zip Code	
		E-mail address: (t	o be used for future annual repo	rt notification)
For further i	nformation co	oncerning this matter, please ca	all:	
LUIS R. CA	LDERON		407 944-92	62
	Name of	Person		aytime Telephone Number
Enclosed is	a check for the	e following amount:		
■ \$25.00 F	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

Registration Section Division of Corporations

TO:

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

TROM CONSTRUCTION, LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	empany were filed on 12/17/2015	and assigned
Florida document number <u>L15000209507</u>	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	····
		18
		SION :
Enter new mailing address, if applicable:		S GET
(Mailing address MAY BE A POST OFFICE BOX)		
Waning datess MAT BE A FOST OFFICE BOAT		
		<u> </u>
B. If amending the registered agent and/or registe	ared office address on our records	₽ ₩
registered agent and/or the new registered office addre		the mame of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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
AMBR	RODRIGUEZ, EDWIN J	6313 SATEL DRIVE	
		ORLANDO, FL 32810	
			Remove
			□ Change
AMBR	GUTIE, MA CHRISTINA AHEDC	616 VINELAND RD	= Add
		WINTER GARDEN, FL 34787	
			Remove
			Change
			□ Remove
			☐ Change
			
			□ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
			Change

	_						
 -							
							
							
							91 Start
	-						SION OF
							<u>구</u> 종약
			<u> </u>				- PE
							25.
					·		
		_					
	<u> </u>						
Effective date, if oth	or than the de		AUGUST 2.	3, 2018		optional)	
(If an effective date is listed Note: If the date inser document's effective d	d, the date must be ted in this block	specific and ca does not mee	unnot be prior t et the applica		r more than 90 days	after filing.) Pur	
document's effective d	ate on the Depa	itilicii oi sta	ie s records.				
the record specifies) The 90th day aft			te, but not	an effectiv	e time, at 12:	01 a.m. on	the earlier of
Dated AUGUST 13	-/ N-	<u>.</u>	2018	<u></u> ·			
	KIL	•					
The s	r $sur \sim S$	•			tive of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00