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May 16, 2019

## Via Federal Express

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

> Articles of Amendment (Certified Copy and Certificate of Status Requested) Re: TranscuroAmerica, LLC, Document No.: L16000010834

Dear Sir or Madam:

Enclosed, please find two copies of the Articles of Amendment for the above-referenced entity. check no. 1204 in the amount of \$60.00 and a return FedEx envelope for expedited return of the requested Certified Copy and Certificate of Status.

Should you have any questions and/or comments, you may reach me directly at (904) 425-9975.

Best regards.

Sarah Hoffman Paralegal.

Enclosures

CC: Trev Coker, Esq.

## **COVER LETTER**

TO: Registration S Division of Co			
	UROAMERICA. LLC		
SUBJECT:	Name of Lir	mited Liability Company	
	f Amendment and fee(s) are su	•	
riease return an corresp	ondence concerning this matte	r to the following:	
	JACK COKER III, ESQ.		
		Name of Person	
	EAVENSON, FRASER &	& LUNSFORD	
		Firm/Company	
	4230 PABLO PROFESSI	IONAL COURT, SUITE 250	
		Address	
	JACKSONVILLE, FLOR	RIDA 32224	: 5 :
		City/State and Zip Code	
	TREY@EFLILAW		رم ب
Car Carlo a factoria est		(to be used for future annual report noti	fication) 21
	concerning this matter, please of	2 <b>4</b> 11:	
JACK COKER		904 567-1088 at ()	
Name (	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 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)
Regist Divisio P.O. H	JNG ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TRANSEURUAMERICA, LLC		
(Name of the Limi	(ed Liability Company as it now appears on our records.) ((A Florida Limited Liability Company)	
	iability Company were filed on JANUARY 15, 2016,	and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	 fithe limited liability company here: 	
The new name must be distinguishable and contain the v	words "Limited Liability Company." the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	P(N)	
Columning distress MAT DE ATOST OFFICE		; 11
B. If amending the registered agent and registered agent and/or the new registered o	or registered office address on our records, <u>en</u>	ter the mame of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	. Florida	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 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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Act
AMBR	EASTON L HOLDINGS	830 A1A North	
		13-343	
			■ Remove
		Ponte Vedra Beach, Florida 32082	Change
MGR	Garrett Luebker	830-13 A1A North	
		Suite 343	■ Add
			□ Remove
		Ponte Vedra Beach, Florida 32082	Change
			··· Remove
			□ Change
			Add!
			المرابع المراب المرابع المرابع المراب
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			Remove
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f amendi	ing any other inform	ation, enter o	change(s) here: (	Attach additiona	l sheets, if nec	essary.)	
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ocument`	's effective date on the I	Department of	State's records.	-			
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		A					
		Signature of a	member or authorize	d representative of a	ı member		
	Garrett Luebker. Mana			d representative of a	ı meinber		
	Garrett Luebker, Mana		member or authorize		ı meinber		<del>-</del> -
	Garrett Luebker, Mana				ı member		<del>-</del> -
	Garrett Luebker, Mana		member or authorize	ime of signee	a member		