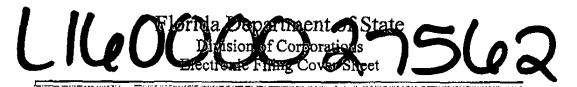
Division of Corporations

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Division of Corporations

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: (850)617-6383

From:

Account Name : STOLZENBERG, GELLES & FLYNN,

Account Number : I20100000018 Phone : (305)961-1450

Fax Number : (305)423-3979

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Liorela @ amail.com

ALCAHASSELFEGREDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRIFECTA NEW ORLEANS, LLC

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J. HARRIS

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIFECTA NEW ORLEANS, LLC		
(Name of the Limited L. (A F	ability Company as it new appears on our lorida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabil Florida document number L16000027562	9, 2016 and assigned	
This amendment is submitted to amend the following	g:	
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	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		₩ 3
(Mailing address MAY BE A POST OFFICE BOX	0	A 2 2
THE WORLD WATER AND THE TOTAL OF THE TOTAL O	<u> </u>	27 N
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our r address here:	
Name of New Registered Agent:		38
New Registered Office Address:	Enter Florida stree	t 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 fitte, 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	TRIFECTA PARTNERS, INC.	635 HARBOR DR	
		KEY BISCAYNE, FL 33149	Remove
			Change
MGR	TRIFECTA PARTNERS, INC.	635 HARBOR DR	
		KEY BISCAYNE, FL 33149	□ Remove
			□ Change
			Add
			□ Remove
			Change
			Add
•			Remove
			□ Change
			Add
			Remove A H Change A Add S T Change
_			Remove Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.	(3)(b) he
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:) The 90th day after the record is filed.	
Dated <u>April 29th</u> , <u>2016</u> .	
Myladoon = 5 5	
Signature of a member or authorized representative of a member Maria A. Hudson	CALLE .
Typed or printed name of signes	77
Pore 3 of 3	ン
Filing Fee: \$25.00	