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## **COVER LETTER**

TO: Registration Sect Division of Corpo		<b>y</b>	
SUBJECT: Pri		acting LLC ited Liability Ompany	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	He	ector Torres	
		Name of Person  Name of Person  Firm/Company	LLC
	609	NE 13th Ave =	# 305
	tort L  Horres  E-mail address: (1)	City/State and Zip Code  5775@amail.  To be used for future and under report notice.	3330H Com
For further information con	cerning this matter, please ca	•	,
Hectov Name of P	r Torres	at (267) 259 - Area Code Daytime	- 1759 e Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate 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

tristine Co	intracting LLC
(Name of the Limited Lia) (A Flor	ibility Company as it dow appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u></u> <u> 16000498</u>	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	ŗ
A. If amending name, enter the new name of the li	imited liability company here:
	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 AD)	INDESC)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regregistered agent and/or the new registered office and Name of New Registered Agent:	egistered office address on our records, enter the name of the ned ddress here:  Hector Torres
New Registered Office Address:	Enter Florida street address  Fort Lauderdole, Florida 33304  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 = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Juan Carlos Ayoroa	4305 West Atlantic Blud	
		Apt. 808 Coronat Creek,	Remove
		FLORIDA, 33066	Change
MGR	Natalie Torres	609 NE 13th AVL	Add
		Apt 305	Remove
		ff Lauderdale fl 3330	04 □ Change
			Add
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Filing Fee: \$25.00