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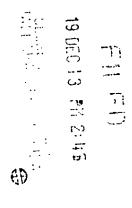
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COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT: The	Gilliano Ori	ganiza hich	LCC	
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
	Briga	Same of Person	0	
	The Girly	Firm/Company	ireation	
	8282 Borts	IN FRANS 1	Blud	
	Surasotu Fl	- 3424	σ	
	<u> </u>	City/State and Zip Code		
_	briance	jiuliano @	ymail.com	
	E-mail address: (1	to be used for future annua	d report notification)	
For further information conc	erning this matter, please ca	ıll:		
Rrich Giolia	3 U C	al 941	6 85 - 6530 Daytime Telephone Number	
Name of Per	rson	Area Code	Daytime Telephone Number	
Enclosed is a check for the fo	ollowing amount:			
PMA Allyeur	Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is e	Certificat nclosed) Certified	ie of Status &
Mailing Address: Registration Sec Division of Corr P.O. Box 6327 Tallahassee, FL	oorations	Regist Divisi The C 2415	Address: ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 8 hassee, FL 32303	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Givliano (Name of the Limited Liability Comp. (A Florida Limited		
The Articles of Organization for this Limited Liability Compan Florida document number <u>L/600064893</u> .	y were tiled on 3/3/	16 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia Tractus LLC		
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		(D)
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		Florida
	City	, Florida

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

Title	Name	<u>Address</u>	Type of Action
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Filing Fee: \$25.00