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2019 HAR 29 PH 4: 38

C. GOLDEN

APR ~ 6 2019

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Trawick, UC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Deborah T Carter		
	Trawick, LLC	Name of Person	
		0	<u></u>
	1308 Church Ave	Firm/Company	
	Chipley, FL 32428	Address	
	christy.carter24@gmail.cor	City/State and Zip Code n	
	E-mail address: (to be used for future annual report notifi	cation)
For further information (concerning this matter, please c	all:	
Christy Carter		850 703-0400 at ()	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25,00 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)
*****	INC ADDRESS.	CTD CETTWALD H	2D AMMBECC.

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

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Trawick, LLC		
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our records.) orda Limited Liability Company)	THE WHATSEE, THE
The Articles of Organization for this Limited Liabilit Florida document number		and assigned
This amendment is submitted to amend the following	y :	
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 "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
		···	□ Add
			□ Remove
			Change
			Add
			☐ Remove
		<u></u>	☐ Change
			☐ Remove
			☐ Change
			Add
			🗆 Remove
			☐ Change
			O Add
			□ Remove
			Change
<u></u>			

_____ □ Remove

Please change member sh	ires as follows.			
Deborah T Carter - 33%				
Michele T Wright - 33%				<u></u>
Luke N Trawick - 33%				
I deleted the estate on my	annual report. We closed my	y Dad's estate so the sha	res have been	
Transferred to the the 3 n	embers listed above.			 -
 				
				
	_ -			
	February	1,2019		
fective date, if other than in effective date is listed, the date ote: If the date inserted in thi ocument's effective date on th	nust be specific and cannot be pr block does not meet the app	licable statutory filing re		
record specifies a dela The 90th day after the		not an effective tim	e, at 12:01 a.m. on the	e earlier of:
March 26	2019			
Deloia	1200	-		

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Typed or printed name of signee

Filing Fee: \$25.00