1/6000172291

(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800299050178

05/16/7/23/31/15/A1 788.00

J. HARRIS

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Trapties 1 Name of Lim	ited Liability Company	;eb
	Amendment and fee(s) are sub	_	
Please return all correspo	ndence concerning this matter	to the following:	
	Carl	Name of Person	
	Trapties	Firm/Company	
	2300 N	SE ST Aue Address	
	Pompan	City/State and Zip Code	3060
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	9	
Name of	Person	at (<u>954</u>) <u>405-</u> Area Code Daytime	5094 Telephone Number
Enclosed is a check for th	e 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)

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 ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan	y were filed on 9/15/16 and assigned
Florida document number <u>L16000172291</u> .	' '
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2300 Ne 157 Ave
(Principal office address MUST BE A STREET ADDRESS)	- Pompano Beach FC
	33060
Enter new mailing address, if applicable:	_ 3300 Ne 157 Ave
(Mailing address MAY BE A POST OFFICE BOX)	Pompano Beach A
	33066
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the new</u> re:
Name of New Registered Agent:	Carl Castin
New Registered Office Address:	2300 Ne 157 Ave Enter Florida street address
Pom	Pano Beach, Florida 33060 City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
hereby accept the appointment as registered agent and ag	ree to act in this canacity. I further garee to comply with the

by 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.

Page 1 of 3

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

<u>Title</u>	Name	Address	Type of Action
MGR	Carl Castin	2300 NE 157 Ave Fomp	coo □ Add
			Remove
			Change
MGR	Angie Forque	740 DE 25th St Form	≥sno □ Add
			Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			Add 2017
		3.4 ————————————————————————————————————	A Repove
			SS → CHange
			Single Single
		DA	Remove
			☐ Change

1	· · · · · · · · · · · · · · · · · · ·			· . · · · · · · · · · · · · · · · · · ·		
	<u>.</u>		- 	 		
	_					
		<u> </u>				
						
						
			<u> </u>			
						
fective date, if other than n effective date is listed, the date	the date of filing	g:	a data of filing a	ore then 90 days a 4 a-	onal)	o 605 0207
te: If the date inserted in th	iis block does not n	neet the applica	ble statutory filing	g requirements, this	s date will not be	e listed as
cument's effective date on the	ne Department of S	state's records.				
record specifies a dela	ayed effective o	date, but not	an effective t	ime, at 12:01 a	a.m. on the e	arlier of
The 90th day after the	record is filed.					
Ma	Λ	2004 7				
ited May 10	$\Lambda \#$, Contra	_·		ALL	2017
	MML	COM	~		<u> </u>	MAY.
				or a member		· -
 .	Signature of a	member or autho	1 ' -	or a member	SS	5

Page 3 of 3

Filing Fee: \$25.00