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COVER LETTER

TO: .1	Registration Sect Division of Corp	tion orations		
	TRD HOLD			
SUBJEC	Т:	Name of Limite	d Liability Company	
		amendment and fee(s) are submidence concerning this matter to		
		Angelo M. Martin, Esq.		
			Name of Person	
		Counselaw		
			Firm/Company	
		PO Box 900471		
			Address	
		Homestead, FL 33090		
			City/State and Zip Code	
		angelo@counselawtlorida.co E-mail address: (t	on to be used for future annual repor	t notification)
For furt	her information c	oncerning this matter, please ca	Π:	
Angelo	M. Martin, Esq.		305 900-40	
	Name o	f Person	at () Aren Code D	aytime Telephone Number
Enclose	ed is a check for t	he following amount:		
	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy radditional copy is enclosed	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAU	ING ADDRESS:	STREET/C	OURIER ADDRESS:

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(11 totale billion 2 to 1 to 1	
The Articles of Organization for this Limited Liability Company were filed on February 10, 2017 Florida document number L17000033381	and assigned
This amendment is submitted to amend the following:	
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	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u>5</u>
	JUL
Enter new mailing address, if applicable:	26 1
(Mailing address MAY BE A POST OFFICE BOX)	OF SEA
	1-6- LIONS
B. If amending the registered agent and/or registered office address on our records, energistered agent and/or the new registered office address here:	nter the name of the ne
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
, Floric	da Zip Code

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Note: If the date i	other than the date listed, the date must be s userted in this block of the date on the Depart	specific and cannot be does not meet the a	applicable statt	tiling or more than tory filing requir	(optional) 90 days after filing. rements, this date) Pursuant to 6 will not be li	05.020 sted a
f the record speci b) The 90th day	fies a delayed eff after the record	fective date, buils filed.	ut not an eff	ective time, a	at 12:01 a.m.	on the ear	lier (
Dated July 24	1 / 1/1	2018	·				
///	West VKTO	U.A					

Page 3 of 3

Filing Fee: \$25.00