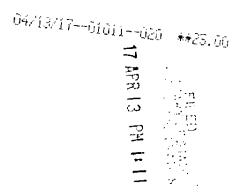
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(Re	questor's Name)	
(Ada	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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REAL HARACES

COVER LETTER

Division of Corporations
SUBJECT: TREAS URE COAST TEES AND TROPHIES "LIC" Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
SEBASTIAN MURANO Name of Person
TREASURE CONST TEES AND TROPMES ALC"
737 GLENCOVE ST
SEBASTIAN FL. 32958 City/State and Zip Code
SATURANO 18 É COMERST, NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SED ASTIAN MURANO at (772) 58/9623 Name of Person Area Code Daytime Telephone Number
Finchosed is a check for the following amount:
S \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

	OAST TEE'S AND TROPHIES LLC'I ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L1700070507</u>	<i>,</i>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable:	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDR	RESS)
	$\overline{\omega}$
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 additional agent.	stered office address on our records, <u>enter the name of the new</u> lress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	Cuy 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 = Manager

AMBR = A	authorized Member		
Title	Name	Address	Type of Action
Mgs	JESSE ELLIOT	8125 95 TH AVE VERO BEACH /232967	□ Add
		VERO BEACH /232967	Remove
			□ Change
			
			□ Remove
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			□ Remove
			Change
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			Remove
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			Change
			Remove
			Change

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(If an effective Note: If the	date, if other than the date of filing:	rsuant to 605.0207 (I not be listed as th
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the day after the record is filed.	the earlier of:
Dated	04/11/2017	17
	01000	₽PR
	- Selastien / Willand	~ သ
	Signature of a member or authorized representative of a member	
	\bigcirc \checkmark	72

Page 3 of 3

Filing Fee: \$25.00