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## **COVER LETTER**

ΓΟ: Registratio Division of	n Section Corporations		
SUBJECT:	Name of Limite	im Trains,	LLC
The enclosed Article	s of Amendment and fee(s) are subm	nitted for filing.	
Please return all cor	espondence concerning this matter to	o the following:	
	Ti	mothy Caro	Lig
	Tiny	Tim Trains	S, LLC
	4016	Winkler An	ve Ext Apt aoa
	Fort	My ers, FL City/State and Zip Code	33916
	E-mail address: (t	to be used for future annual report no	a gmail.com
For further informa	tion concerning this matter, please ca		
Tim !	TACCIA Parme of Person	at (39)8	ime Telephone Number
Enclosed is a check	t for the following amount:		
\$25.00 Filing I	Fee S30.00 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
Tallahassec, FL 32301

## ARTICLES OF AMENDMENT

ARTICLES OF C	2.
(Name of the Limited Liability Compa (A Florida Limited	Trains LLC ACAMANY OF Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liah	dity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	4016 Winkler Ave Exr Apt 202 Fort Myers, FL 33916
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	4016 Winkler Ave Est Apt 202 Fort Myers, FL 33916
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the ecw</u> re:
New Registered Office Address:	nothy Garcia 116 Winkler Ave Ext Apr 20; Enter Florida street uddress
<u></u>	Myers Florida 339/6

#### 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 'he 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 add ed or removed from our records: FILEU 2017 JUN 22 PM 1:40 MGR = Manager AMBR = Authorized Member Type of Action Address Name | Title \_□ Remove ☐ Change ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

\_□ Change

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Effecti	ve date, if other than the date of filing: (optional)
If an eff	ve date, if other than the date of filing:
	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
The	90th day after the record is filed.
	T. ath
Dated	June 9th 2017.
	T
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00