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K. SALY MAY -4 2018

P.1002

18 MAY -3 AM 10: 37 SEGRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 11---

TRUG 4000 RIKE L	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L17000149694</u>	ere filed on 7/12/17 and sasigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and and with the words "Limited" LL.C."	Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BB A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE BOX) B. If amending the registered agent and/or registered office	e Adress on our records, enter the name of the ne
registered agent and/or the new registered office address here:	
Name of New Rugistered Agent	
New Registered Office Address:	Enter Florida street address
	, Fiorida
1	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

Page 1 of 3

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FAX No.

P. 003

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18 MAY -3 AM 10: 37

If amending the Managers or Managing Members on our records, enter the fittle, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Momber

<u>Title</u>	Name	Address	Type of Action
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	<i>f</i>	1768 NW Zoth S.	UR) Remove
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		SECRETARY OF S TALLAHASSEE FLO
nding any other information, ent	er change(s) here: (Attach additional sheet	s, if necessary)
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Page 3 of 3

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