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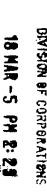
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COVER LETTER

τΌ:

TO: Registration S Division of Co				
SUBJECT:	widson's	Realt	4	
SUBJECT:		ited Liability Company	-	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	TROY DAVIDSON			
		Name of Person		
	DAVIDSON'S REALTY			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	P.O. BOX 8733			
		Address	····	
	Coral Springs, Fl 33075			
		City/State and Zip Code		
	Davidsonsrealty@gmail.com	m		
	E-mail address: (to be used for future annual re	port notification	on)
For further information	concerning this matter, please ca	all:		
Troy Davidson		, -	-5513	
Name	of Person	at () Area Code	Daytime Tele	ephone Number
Enclosed is a check for	the 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)
Regis Divisi	LING ADDRESS: tration Section ion of Corporations	Registration Division o	f Corporation	
	3ox 6327 nassee, FL 32314	Clifton Bu 2661 Exec	ulding cutive Center	Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Trimbani Tribbles Common					
(A Florida Limited (A Florida Limited)	ny as it now appears on our records.) Liability Company)				
the Articles of Organization for this Limited Liability Company orida document number	were filed on September 5 2017 and assigned				
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited liab	ility company here:				
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."				
nter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRESS)					
nter new mailing address, if applicable:	P.O. BOX 8733 Coral Springs FL 33075				
Mailing address MAY BE A POST OFFICE BOX)					
rating lattices MAIL BEALLOST OF FILE BONY					
. If amending the registered agent and/or registered o	ffice address on our records, enter the name of the				
	<u>e</u> :				
egistered agent and/or the new registered office address her					
egistered agent and/or the new registered office address her Name of New Registered Agent:	Enter Florida street address				
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Florida City Zip Codd				
egistered agent and/or the new registered office address her Name of New Registered Agent:	Enter Florida street address Florida City Zip Codes				

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Troy Davidson	4132 nw 88th ave apt 204 Coral Sp	■ Add
			Remove
			☐ Add
		<u>, </u>	Remove
			Change
			□ Add
			□ Remove
		 	Change
		<u> </u>	Add
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			SIAIE ORATENS
			Change

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Filing Fee: \$25.00