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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TRIMES Allew Real 2 Name of Limited Liability Comp	Estate LLC:
Name of Limited Liability Comp	any
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Maria Allen Name of Per	
Games Allen Re	any Brite LLC
136A Staff E	n NE
Address	
Empli address: (to be used for future	4, FL 32548
. City/State and Z	ip Colde
E-mil address: (to be used for future	e annual port notification)
For further information concerning this matter, please call:	
Name of Person Area Co	Daytime Telephone Number
Name of Person Area Co	Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee	
Registration Section R	TREET/COURIER ADDRESS:
P.O. Box 6327	Division of Corporations Difton Building
	661 Executive Center Circle allahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number <u>L 17000 Z3742</u> 4  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:	and assigned	
The Articles of Organization for this Limited Liability Company were filed on :: 11/16/17  Florida document number	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 al	obreviation "L.L.C."	_ 
Enter new principal offices address, if applicable:	<del>1</del>	ארר אדר
(Principal office address MUST BE A STREET ADDRESS)		
		SSE VXX
Enter new mailing address, if applicable:	P.H. 7	m <sub>C</sub>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here:	the name of the	new
Name of New Registered Agent:		<del></del>
New Registered Office Address:  Enter Florida street address		-
, Florida	Zip Code	_
New Registered Agent's Signature, if changing Registered Agent:	Zıp Code	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further ag provisions of all statutes relative to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, being filed to merely reflect a change in the registered office address. I hereby confirm that the line company has been notified in writing of this change.	familiar with and if this document is	

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	Authorized Person(s) authorized to from our records:	man	age, <u>enter the</u>	e title, name, and address of o	each person being added
MGR = MS $AMBR = AG$	anager uthorized Member				
<u>Title</u>	<u>Name</u>		Address		Type of Action
AMBR	Maria A. Grime	S	136,4	Staff DR. NE	<b>j≫</b> ∧dd
			Fort W	How Beach	□ Remove
	• !	***	FL	32548	Change
AMB/Z	Maria J. Allew		136.4	Steff Dr. NE	<b>5</b> ✓Add
			Fat h	KIAN Beach	☐ Remove
			FL,	32548	Change
					□ Remove
					Change
<del></del>					Add
		· .			□ Remove
					☐ Change
					Add
					☐ Remove
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					Remove
					Change

If amending any other informati	on, enter change(s) here: (	Attuch additional sheets, if necessary.)	
Trainending any other morning	on, enter change(s) never (	, y necessary,	
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Effective date, if other than the d	ate of filing:	(optional)	
If an effective date is listed, the date must be	be specific and cannot be prior to do ok does not meet the applicable	ate of filing or more than 90 days after filing.) Postatutory filing requirements, this date wi	ursuant to 605.0207 (3)(b) If not be listed as the
	5		
ne record specifies a delayed The 90th day after the reco		n effective time, at 12:01 a.m. on	the earlier of:
Dated 2/15/18	<del></del> ,		
` بىـ	ignature of a moniber or authorize	d representative of a member	
/	MARLA AI	low	
	Typed or printed na	ime of signee	
	Daga 2 a	~ # '7   1	

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Filing Fee: \$25.00