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COVER LETTER

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TO: Registration S Division of Co			
SUBJECT:	Name of Lim	TRINCHERO L	lC
The enclosed Articles o	f Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Alexand	ra Trinche ro Name of Person	<u></u>
		dra Trinchero Firm/Company	
	2627	3 Bay Shore	Drive, unit 901
		i, Rondo 331 City/State and Zip Code	
	trinche	City/State and Zip Code CO. ALSS and/C to be used for future annual report notif	a egmail. com
For further information	concerning this matter, please c	all:	
losarda Name	of Person	at () — Records Daytime	4481327 Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	S30.00 Filling 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)
MAII	LING ADDRESS:	STREET/COURII	ER ADDRESS:

Registration Section | Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIESSAUDRA TOWN HELD. 110

		MOC(10-1 C)			
(Name of the Limited Liability (A Florida	Limited Liability Company)	rs on our records.			
The Articles of Organization for this Limited Liability Co. Florida document number <u>LIAOOO 2394</u>		11/20/2017	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limit</u>	ed liability company h	ere:			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the	designation "LLC" or the abb	reviation "L.L.C."		
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDR	ESS)	<u>51.</u>	F.5		
		, **			
			(*) ***		
Enter new mailing address, if applicable:		:.:			
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>		
HUMAN AGAINS MAT BE A POST OFFICE BOAT			••		
					
B. If amending the registered agent and/or registered agent and/or the new registered office addr		n our records, <u>enter t</u>	he name of the ne		
Name of New Registered Agent:			•		
-					
New Registered Office Address:	Enter Flo	orida street address			
	City	, Florida	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

	ing Authorize ed from our re		authorized to man	age, <u>ent</u> e	er the title, name, and address o	of each	person being ad
	Manager Authorized N	Member					
itle	<u>Name</u>			Addres	s 2627 S BAYSHORE 1	DR.	Type of Action
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D. If amendin	g any other informa	tion, enter c	hange(s) he	re: (Attach	additional	sheets, if nec	essary.)		
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Filing Fee: \$25.00