## 11700026/14/

(Re	questor's Name)	
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## COVER LETTER ,

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10:	Division of Co					
SUB.	STUMP F <b>JECT:</b>	OR TRUMP LLC				
Name of Limited Liability Company						
		f Amendment and fee(s) are sub	-			
Pleas	se return all corresp	ondence concerning this matter	to the following:			
		Michael J. Kane				
			Name of Person			
			Firm/Company			
		6019 Boca Colony Drive	Apt. 211			
		· · · · · · · · · · · · · · · · · · ·	Address			
		Boca Raton, FL 33433				
		<del></del>	City/State and Zip Code			
		kanemj97@gmail.com				
		E-mail address: (	to be used for future annual report notif	ication)		
For f	urther information	concerning this matter, please co	all:			
Mich	hael J. Kane		at ()  Area Code Daytime			
	Name	of Person	Area Code Daytime	Telephone Number		
Enclo	osed is a check for t	the following amount:				
<b>₽</b> \$	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)		

**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
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STUMP FOR TRUMP LLC		•
(Name of the Limited Liabi (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 12/26/17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbr	<b>8</b> []
Enter new principal offices address, if applicable:		APR
(Principal office address MUST BE A STREET ADD	DRESS)	ASSE
Enter new mailing address, if applicable:		OF STATE E. FLORID
(Mailing address MAY BE A POST OFFICE BOX)		.≫
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		he name of the new
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	<u></u>
	. 171	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Register	red 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Daniel Muskin	188 Lincoln Avenue	Add
		Eastchester, NY 10709	□ Remove
			Change
AMBR	Michael J. Kane	6019 Boca Colony Drive Apt.211	
		Boca Raton, FL 33433	■ Remove
			☐ Change
<del></del>			Add
			□ Remove
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ective date, if other than the n effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	be specific and ca ck does not mee	annot be prior to et the applical	date of filing	or more than 90	(optional) days after filing nents, this date	.) Pursuant to 605.0	020° d as
record specifies a delayed The 90th day after the reco	effective dat ord is filed.	te, but not	an effectiv	ve time, at	12:01 a.m.	on the earlie	го
March 6th		2018					
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Filing Fee: \$25.00