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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations	_		
		, <u>'</u>		
SUBJECT: <u>COS</u>	ite Landince	TX LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	<u> </u>	Anll (Now Lêich) Name of Person	4)	
	Tracks Or	Ste Lon-lox-Firm/Company	X UC	
	WHOLLDIA BOLD	Address		
	Sacroscha L Fil	しないつべい City/State and Zip Code		
	Trave Curride E-mail address: (1	o be used for future annual report not	fication)	
For further information e	oncerning this matter, please ca	itt:		
Soroh Leich	H	at (513 -)	3CP9	
Name of Person		at (<u>E13</u>) <u>E93</u> Area Code Daytim	e Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	S \$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 Addres		Street Address:		
Registration S		Registration Section		
Division of C	-		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020:11.16 11: 9:42 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on CALDAL QCAS and assigned Florida document number 1. 18200021983 .. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Onsite Trav 110 The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City 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 mv 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
<u>1044</u>	Travis Leicht	1491 Old Ronch Rd Samsata 1 341241	<u>-\.</u>
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			□Change
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lf an eff <u>Note:</u>	ive date, if other than the date of filing:
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	march 11 . 2030.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00