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COVER LETTER

	Registration Se Division of Corp				
CHDIEC	Trava QC, I	LLC			
SUBJEC	.1;		ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	turn all correspo	ndence concerning this matter	to the following:		
		Barbara Carroll			
			Name of Person		
		Trava QC, LLC			
			Firm/Company		
		860 Via Lombardy			
			Address	······································	
		Winter Park, Florida 3278	9-1529		
			City/State and Zip Code		
		avemarket@aol.com			
			to be used for future annual report notifi	cation)	
For furth	er information co	oncerning this matter, please co	all:		
Barbara	Carroll		407 619-1234 at ()		
	Name of	f Person	at () Area Code Daytime	Telephone Number	
Enclosed	l is a check for th	ne following amount:			
\$25.0	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

Trava QC, LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{L18000050422}{L18000050422}$.	by were filed on February 26, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
N/A	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	860 Via Lombardy
(Mailing address MAY BE A POST OFFICE BOX)	Winter Park, Florida 32789-1529
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agen	City Florida City City City

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>	<u>Address</u>	Type of Action
AMBR	George Carroll	860 Via Lombardy	Add
		Winter Park, Florida 32789	■ Remove
			Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Remove
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	February, 28, 2018		
ective date, if other than the	date of filing:	(optional) ing or more than 90 days after filing.) Pursuant to	605.0
	ock does not meet the applicable statuto	ory filing requirements, this date will not be	
business of control date on the D	partition of State 3 records.		
record specifies a delayed	I effective date, but not an effec	ctive time, at 12:01 a.m. on the ea	arlier
The 90th day after the rec	ord is filed.		
April 9	2018		
ted	· · · · · · · · · · · · · · · · · · ·		
Darbar	Caml		
THE STATE OF THE S	Signature of a member or authorized repres	entative of a member	

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Filing Fee: \$25.00