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SECRETAL SECRETARION OF SECRETARION

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COVER LETTER

Division of Cor					
SUBJECT: TYP	ne Enterprise	e 4c			
. ,	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter	<u>-</u>		. 20	
	Patrick B. Ivene EN	Name of Person CrR1 Company	···	2018 JUN 20 AM IU: 30 PARTMENT OF PARTMENT OF TALLAHASSI F. C.	-
	993 Field	Stone Way		30	0
	west Palm?	City/State and Zip Code	3		
	Patrick Bunel ? E-mail address:	to he used for future annual report notif	n (fication)		
For further information of	concerning this matter, please co	all:			
Patrick B.T.	rene of Person	at (77) 607- Area Code Daytime	1507 e Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	e of Status &	
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n rations		

N6 5

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRONG ENTERVISE L (Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record d Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Companies of Occument number 1800559654	0/10	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia		
The new name must be distinguishable and contain the words ^L Limited Lia	bility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	7 017.0
Enter new mailing address, if applicable:		SECRETARY SINGRETARY JUL 10
(Mailing address MAY BE A POST OFFICE BOX)		
		3: 3/1/ 5 8 3/10/
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	No.
	izmer Fiorida Mreet adare,	ss.
	, FI	lorida Zip Code
	∪r()	zigi Come

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

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 **Title** Name **Address** ROBIN Jeandrau 16226 Change □ Add ☐ Remove ☐ Change □ Add

□ Remove

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iote: If the date	f other than the date of s listed, the date must be speci inserted in this block does tive date on the Departmen	s not meet the app	licable statutory	or more than 90 days af filing requirements, t	ctional) her filing.) Pursuant to his date will not be	605.0207 listed as
	cifies a delayed effect y after the record is f		not an effecti	ve time, at 12:01	a.m. on the ea	arlier o
ated	Signatur	re of a member or a	uthorized represent	ative of a member		_
	Patrick	BRU	nel I	ZY CVIF		

Page 3 of 3

Filing Fee: \$25.00