L18000069657

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Tra	I Boss 4x4 Name of Limi	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Walther	Winhel Name of Person	
	Trail F	3055 4x4 11c	······································
	905 €	Martin Lither K	ing Jr Dr \$450
	_	Springs FL 341 City/State and Zip Code	
	Trailboss E-mail address: (1	44411 camail-(0) to be used for future annual report notified	fication)
For further information c	oncerning this matter, please ca	all:	
Walker Name o	Wintel f Person	at (<u>813</u>) <u>134 -</u> Area Code Daytime	5639 : Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Trail Boss 4x4	112 2022 AUG -2 AM 11: 27
(Name of the Limited Liability Compan (A Florida Limited L.)	y as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company velocida document number <u>L 180000 69657</u> .	were filed on 03/19/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	705 & Martin Luther Hing & Octor Tarpon Springs, FL 34689
(Principal office address MUST BE A STREET ADDRESS)	larpon springs, FC 54684
Enter new mailing address, if applicable:	149 N Rina Ave
(Mailing address MAY BE A POST OFFICE BOX)	Tarpon Springs, FL 34689
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
	ter Winhel
New Registered Office Address: \49	N Ring Ave Enter Florida street address
Tarpor	Oity Florida 341.89 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 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
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		2205 East 2nd CT Parama City, FL 3240)	_(X Remove
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ocument's e	fective date on the Depa	rtment of Sta	ite's records.	2	3 - 4			
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