# 118000 103823

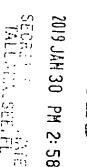
(Re	equestor's Name)	
(Ad	ddress)	<del>_</del>
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	<b>,</b>	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
- Special Instructions to	Filing Officer:	

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R. WHITE F305 知

# **COVER LETTER**

	Registration Sec Division of Cor <sub>l</sub>			
SUBJECT	TRACTION		·	
30 DJ1.0	·	Name of Limi	ited Liability Company	
The enclo	sed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please rett	urn all correspon	ndence concerning this matter	to the following:	
		MARSHA SIHA		
			Name of Person	
•		INCFILE.COM LLC		
			Firm/Company	<del></del>
		17350 STATE HWY 249 S	STE 220	
			Address	<del></del>
		HOUSTON, TX 77064		
		EFILE1234@INCFILE.CO	City/State and Zip Code M	<del></del>
		E-mail address: ()	to be used for future annual report notifi	cation)
For furthe	r information co	oncerning this matter, please ca	all:	
MARSHA	A SIHA		855 829-9090 at ( )	
	Name of	l Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0¢	0 Filing Fee	S30.00 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)

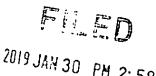
MAILING ADDRESS:

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



	TRACTION OF LLC	
(Name of the Limited	d Liability Company as it now appears on our ro A Florida Limited Liability Company)	ecords.) SECR. IALL MASSEE, FL
The Articles of Organization for this Limited Lia	bility Company were filed on 04/25/2018	and assigned
lorida document number L18000103823	_ <del></del> •	
his amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
he new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET	<u> ADDRESS)</u>	, <u> </u>
Salar and the salar of any limber		
Enter new mailing address, if applicable:	<del></del> -	
Mailing address MAY BE A POST OFFICE B		
	<del></del>	
3. If amending the registered agent and/o	•	cords, enter the name of the
registered agent and/or the new registered offi	ice address here:	
Name (Name) Davidson of Amore		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	reliters s
	Emer i mud mitera	spenier is 1/4/
		_, Florida

### 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	SEAN PATRICK	425 COREY AVE	
		ST PETE BEACH, FL 33706	
			Remove
			Ch.
	SEAN PATRICK LLC	425 COREY AVE	☐ Change
AMBR	SEAN PATRICK LLC	420 CORUL AVI.	■ Add
		ST PETE BEACH, FL 33706	
•			□ Remove
			☐ Change
	<del></del>		
			<b>5</b> 6
			☐ Remove
			Add
			□ Remove
			Change
			m val
	<del></del>	_	Add
			☐ Remove
			□ Change
		<del></del>	
			<b>-</b>
			Remove
			☐ Change

				<del></del>
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			· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·			****
ective date, if other than the effective date is listed, the date must	date of filing:		(option	ial)
ter effective date is listed, the date must ter. If the date inserted in this bloom	ck does not meet the ap	plicable statutory f	iling requirements, this	date will not be listed as
ument's effective date on the De				
record specifies a delayed		not an effectiv	e time, at 12:01 a.	m. on the earlier o
he 90th day after the reco	ord is filed.			
JANUARY 14	2019			
ed				
Sean Pa	Signature of a member or a			
Dean Pa	<u> VIIUK                                    </u>			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00