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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: At TRACUITY LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Peter Sarkissian	
A+T Decuty Firm/Company	
3319 NW 69th CT FORTLO	Whence
City/State and Zip Code	3309
E-mail address: (to be used for future annual report notification)	<u>co</u> ~
For further information concerning this matter, please call: Determine School of Person Name of Person Area Code Daytime Telephone	31 ne Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ Certificate of Status □ Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy
Check cureany curren on 4/29/2020	(additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationP.O. Box 6327The Centre of TallahassTallahassee, FL 323142415 N. Monroe Street	see

RECFIVED MAY 2 6 2020

Tallahassee, FL 32303

RECEIVED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number <u>U8000\\2</u> This amendment is submitted to amend the following A. If amending name, enter the new name of the	MAY 26 T
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbrewiation "LLC."
Enter new principal offices address, if applicables (Principal office address MUST BE A STREET AL	DOWN TO MINORACCINE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	A Same As Above
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>enter the name of the new registered</u> re:
Name of New Registered Agent: New Registered Office Address:	Petch Survission 3319 NW 6944 CT Enter Florida street address Port (WOLV DOUL Florida 33309 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 Cyanging 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>	Name	<u>Address</u>	Type of Action
MR	andrew Ditt	OP <u>435 NOCC</u>	
		TVIC SEN FL	, <u>1)1)1)000</u> z kemove
MGR	OPTER SCINVISS	1/1/1 2219 NINIGO	————— □Change
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fective date, if other than the date of filing:	(optional)	
in effective date is listed, the date must be specific and cannot be prior to date of filing or more to the date inserted in this block does not meet the applicable statutory filing re	han 90 days after filing.) Pursuant to t quirements, this date will not be l	isted a
ecument's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t is filed.	ne earlier of: (b) The 90th day a	fter th
ned 5/21/2020.		
Signature of a member or authorized representative of a		

Filing Fee: \$25.00