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COVER LETTER

TO: Registration Division of C			
SUBJECT:	4240 S	TRAIL LLC	
		mited Liability Company	·
The enclosed Articles of	of Amendment and fcc(s) are su	bmiued for filing.	
Please return all corresp	nondence concerning this matte	r to the following:	
		Breat Pinkeran Name of Person	
		Name of Person	
		4240 STRAIL LLC	
		Pimi/Company	
		2400 SE Drail 4240	S TAMIAM, TEA!
		Address	\$IV
	<i>V</i>	12400 St Dail 4240 Address Enice Fe 3429	3
		City/State and Zip Code	
	E-mail address:	(to be used for future simual report not)	lication)
For further information of	concerning this matter, please o		,
	Pinkerton	at (94/) 53 Area Code Daytimo	34 5732
Name o	of Person	Area Code Daytimo	Telephone Number
Inclosed 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)	☐ S60.00 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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

440 S	MAIL LLC	
(Nume of the Limited Linblity Compa	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 2/8000/34956	were filed on 5/30/16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbri	eviation "L.IC."
Inter new principal offices address, if applicable:	4240 S. Tamian	
Principal office address MUST BE A STREET ADDRESS)	Venice FL 3	4293
nter new mailing address, if applicable:	4240 S. Tamian	ui Tail
1ailing address MAY BE A POST OFFICE BOX)	Venice FL 30	42-93
. If amending the registered agent and/or registered off egistered agent and/or the new registered office address here	Ice address on our records, <u>enter th</u> :	e name of the new
Name of New Registered Agent:		
New Registered Office Address:		2
	Enser Florida street address	1
	Cuy , Florida	_ = 7
and Deleter of the Control of the Co	Cuy	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. Thereby 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 = N $AMBR = A$	lanuger Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			[] Add
			□ Remove
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