Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : I20040000167 Phone : (305)377-0809 Fax Number : (305)377-0781

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Corporate @ poyclaw. com.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRANZENN, LLC

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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TRANZENN, LLC			
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on o bility Company)	ur records.)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L18000135115</u>	erc filed on	018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designa	ation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		·	
and the state of	•		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office adapent and/or the new registered office address here: Name of New Registered Agent:	ddress on our recor	ds, <u>enter the nam</u>	e of the new register
New Registered Office Address: Enter Florida street address		street address	
	, Florida Zip Code		
	City	, Y tortain	Zip Code
New Registered Agent's Signature, if changing Registered Agent;			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my provided for in Cha	nter 605, F.S. Or	if this document is

If Changing Registered Agent, Signature of New Registered Agent

500/50/2020 2:50:20 1 M

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adderor removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Title</u>	<u>Name</u>	Address	Type of Action
AMBR	OLIVARES, LUIS A	1451 BRICKELL AVENUE, APT 4002	
		MIAMI, FL 33131	■ Remove
			Change
AMBR	OLIVARES, ANA T	1451 BRICKELL AVENUE, APT 4002	\ \ \ \ \ \ \ \ \ \
		MIAMI, FL 33131	□Remove
			Change
MGR	OLIVARES, ANA T	1451 BRICKELL AVENUE, APT 4002	\ Add
		MIAMI, FL 33131	□Remove
		□Change	
		□Remove	
			□Change
			□Add
		□Remove	
			Change
			□Add
			□Remove
			□Change

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Filing Fee: \$25.00

Typed or printed name of signee