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(Requestor's Nan	ne)
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PICK-UP WAIT	MAIL
(Business Entity	Name)
(Document Numl	ber)
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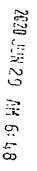


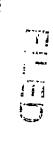
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COVER LETTER

TO: Registration Section

Division of Corporations

Tallahassee, FL 32314

	DEZ FLOORING, LLC	•	i.		
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Omar Fernandez				
	Name of Person				
	FERNANDEZ FLOORING, LLC				
		Firm/Company	·_ 		
	14520 SW 159th St				
		Address			
·	Miami, FL 33177				
		City/State and Zip Code			
	xtremepower.inc@gmail.co				
	E-mail address: (to be used for future annual report no	nification)		
For further information of	concerning this matter, please o	all:			
Omar Fernandez		786 3380820 at ()			
Name (of Person	Area Code Daytii	ne Telephone Number		
Enclosed 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 Addre		Street Address: Registration S	ection		
Registration Division of C		Division of Co			
P.O. Box 632	•	The Centre of	=		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7

FERNANDEZ FLOORING, LLC		73
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil		and assigned a
Florida document number L18000144545		ق (١)
This amendment is submitted to amend the following	ng:	. တ
A. If amending name, enter the new name of the	limited liability company here:	
TROPHY COMPUTERS, LLC.		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A.	DDRESS)	
		,
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON	ý	
B. If amending the registered agent and/or registagent and/or the new registered office address he		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	Floric	la
	Cin	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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
**			□Add
			□Remove
			□Change
		·	□Add
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Effective date, if other than the	ist be specific and cannot be p lock does not meet the ap	prior to date of filing or n plicable statutory filir	nore than 90 days after til	ing) Persuant to 605 0207
ti the date inserted in this b				
document's effective date on the E	ve date, but not an effectiv	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
document's effective date on the factive date of the factive date		ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Note: If the date inserted in this bedocument's effective date on the Europe record specifies a delayed effective dis filed. Dated June 25th		 ·		