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(Re	equestor's Name)	
(Ac	ldress)	
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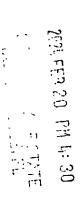
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COVER LETTER

Div	ision of Cor	porations
ALO HIZE		GROUP LLC
SUBJECT:		Name of Limited Liability Company
The enclosed	d Articles of	Amendment and fee(s) are submitted for tiling.
Please return	i all correspo	indence concerning this matter to the following:
		REINA DELGADO
		Name of Person
		TROMPIZ GROUP LLC
		Firm Company
		2138 BRILLANTE DR
		Address
		SAINT CLOUD, FL. 34771
		City/State and Zip Code
		trompizgrouplle@gmail.com E-mail address: (to be used for future annual report notification)
Ese Grethae ir	n formation a	
		oncerning this matter, please can,
REINA DEI	LGADO	407 4935222 The state of the st
	Name o	ö –
Enclosed is a	a check for th	ne following amount:
■ \$25.00 I	Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	iling Addres gistration S	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

TROMPIZ GROUP LLC			
(Name of the Limi	ited Liability Cor (A Florida Limi	mpany as it now appears on our records.) ted Utability Company)	
The Articles of Organization for this Limited I Florida document number <u>L18000176578</u>	iability Comp	any were filed on <u>07/23/2018</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited I	liability company here:	
he new name must be distinguishable and contain the	words "Uimited I	iability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STREE	<u>ET ADDRESS</u>	<u> </u>	
Inter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	BOX)		
			;-3 ;-3 ;-3 ;-3 ;-3
 If amending the registered agent and/or gent and/or the new registered office addre 		ce address on our records, <u>enter the n</u>	ime of the new register
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Hornla street address	1
		Florida	· · · · · · · · · · · · · · · · · · ·
		C_{HV}	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 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	Address	Type of Action
MGRM	RED25 LLC	1309 COFFEN AVENUE, STE 1200	□Add
		SHERIDAN, WYOMING, 82801	□Remove
			=Change
			□Add
			□Remove
			□Change
			⊑Add
			□Remove
			[] Change
			□REMove □REMove □CEMoge
			DAdd
			□Remove
			Change
			DAdd
			□Remove
			□Change

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ecord spe is filed.	cities a delaye	ed effective date,	but not a	in effective	e time, at	12:01 a.m	i, on the e	arlier of: (b) The 90)th day a	ifter the
Febr	uary, 06		·	2024							

Filing Fee: \$25.00