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R. WHITE DEC 21 193

COVER LETTER

TO: Registration Section 6 Division of Corporations
SUBJECT: Tronge Herr Labor #2 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:
Mandaline Mana
1 Ingh Harr John #3000
655 w College Port RD
City/State and Zip Code E-mail address: (to be used for issure annual report notification)
For further information concerning this matter, please call:
Marked Mong at Hall (1984) 1884 (1985) Name of Person at Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Status Status Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee Scriffied Copy (cadditional 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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

i Inna	2018 DEC 13 \$1 52
(Name of the Limited Libbit (A Florid	lity Company as it now appears onloin records.) la Limited Liability Company) 10.11 6 11.5 11.7 5 11.17 F
The Articles of Organization for this Limited Liability C	Company were filed on 10939018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lit	mited 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 ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	istered office address on our records, <u>enter the name of the new</u> dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<u></u>	, Florida
	City 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
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	1101101	34423	□ Remove
			Change
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			Changes

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	11/61
	Signature of a member or authorized representative of a member
	Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00