1190000 45078

(Requestor's Name)
(Address)
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
TROVA LI SUBJECT:	.c		
SUBJECT:	Name of Lim	ned Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BEAU MCGLAMERY		
		Name of Person	_
		Firm/Company	_
	1942 MEETING PLACE		_
		Address	
	ORLANDO, FL 32814		<u></u>
		City/State and Zip Code	
	BMCGLAMERY@TROV		
For further information c	e-mail address: (to be used for future annual report notification)	20
BEAU MCGLAMERY		407 576-0895	<i>5</i> (
Name o	f Person	Area Code Daytime Telephone Numb	er X
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & cd Copy hal copy is enclosed)
Mailing Addres	ss:	Street Address:	
Registration 5	Section	Registration Section	
Division of C	-	Division of Corporations	
P.O. Box 632 Tallahassee, 1		The Centre of Tallahassee 2415 N. Monroe Street, Suite	810
i ananassee,	J_J (1	2 115 11. Monioe Sheek Bake	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TROVA LLC	
(<u>Name of the Limited Liability Company as it now app</u> (A Florida Limited Liability Compan	ears on our records.) y)
he Articles of Organization for this Limited Liability Company were filed on	02/14/2019 and assigned
orida document number L19000045078	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company	here:
ne new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	21 -
	<u>ع</u>
	= 200
nter new mailing address, if applicable:	
Aailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address on our gent and/or the new registered office address here:	records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
Enter F	lorida street address
	, Florida
City	Zin 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>	<u>Address</u>	Type of Action
MGR	Timothy Lesnick	868 Brightwater Cir, Maitland, FL 32751	🖻 Add
		-	□Remove
			□Change
***************************************			□Add
			[]Remove
			□Add
			□Remove
			□Change
			□Remove
			□Change
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Mective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depar	specific and cannot be price does not meet the appli	icable statutory filing	(optional re than 90 days after filing requirements, this days	ng.) Pursuant to 605.0207
	te, but not an effective	time, at 12:01 a.m. oi	n the earlier of: (b)	The 90th day after the
ecord specifies a delayed effective da is filed.				
is filed.				
is filed.	, 2020	<u> </u>		
record specifies a delayed effective da Lis filed. ated JUNE 16	, 2020	 		,
is filed. ated JUNE 16	2020 2020 Party Hature of a member or auti	MC Slav	(LameInber)	