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05/15/2019

03:26 PM

TO:18506176383 FROM:5615375904

5/15/2019 Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 Phone : (407)370-3686

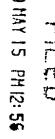
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WR-TRIVOR LLC

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T	O:	Registration So Division of Cou	ection rporations					
s	UBJE	WR-TRIV	OR I.LC					
				Nai	me of Li	mited Liability Company		<del></del>
Т	he enc	losed Articles of	Amendme	nt and fee(s	i) are su	ibmitted for filing.		
PI	lease o	eturn all correspo	ndence cor	ocerning th	is matte	er to the following:		
			CARO	LINE LAR	RSON			
						Name of Person	<del></del>	<del></del>
	LARSON ACCOUNTING GROUP							
	Firm/Company						···	
	7901 KINGSPOINTE PKWY STE 17							
						Address		<del></del>
			ORLA	NDO. FL 3	2819			
City/State and Zip Code consulting@larsonacc.com								
	E-mail address: (to be used for future annual report notification)							
Fo	or furth	er information co	oncerning t	his matter.	please o	call:		
El	DUAR	DO RIGOTTO				407	370.3686	
		Name of	Person			at () Area Code	Duytime Teleph	one Number
En	closed	l is a check for th	e following	; amount:				
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## DocuSign Envelope ID. 27CF8993-5ADB-4823-9449-FEFEBA2934C0 ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

WR-TRIVOR LLC					
(Name of the Limited Light (A Flor	ility Company as it now and da Limited Liability Compa	ny)	<del></del>		
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	03/15/2019	_ and assig	med	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	nited liability company	y here;			
N/A					
The new name must be distinguishable and contain the words "Li	mited Liability Company." d	he designation "LLC" or the abbre	viation "L.L.	C. 7	-
Enter new principal offices address, if applicable:	N/A				
(Principal office address MUST BE A STREET ADD	Principal office address MUST BE A STREET ADDRESS)				-
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Enter new mailing address, if applicable:	N/A		-y-1-1	ເກ	-
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B. If amending the registered agent and/or registered agent and/or the new registered office ade	stered office address	on our records, enter the	name of	the	<u>1ew</u>
Name of New Registered Agent: NO C	HANGE				_
New Registered Office Address:					
	Enier F	lorida street address			
		, Florida			
	, Ciţi		lin 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 heing 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

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II afficiently Authorized refson(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

Title	Name	Address	Type of Action
MGR	CESAR WINKLER, JULIUS ALEXANDRE	RUA ANTONIO LA GIUDICE. 909	
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If the	record specifies a de The 90th day after the	layed effective d e record is filed.	ate, but not an effective	tlme, at 12:01 a.m. on t	he earlier of:
Da	nted		2019		
	Eduardo Kigotto		nember or authorized representative	e of a member	
	EDUARDO RIGO				
			Typed or printed name of signee		<del></del>

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