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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
a (Bu	usiness Entity Nan	ne)
(Dc	ocument Number)	
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TALLAHASSEE, EI

COVER LETTER

Registration Section Division of Corporations

TO:

Trax Ass	ets LLC		
>	Name of Lim	ited Liability Company	
\mathcal{Z}			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
`.	pondence concerning this matter		
	Edwin Donahue		
		Name of Person	
	Trax Assets LLC		
		Firm/Company	
	10160 Lake Vista Ct		
		Address	
	Parkland, FL 33076		
		City/State and Zip Code	
	edwin.donahue@gmail.con	•	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Edwin Donahue		954 6054850	
Name	e of Person	at () Area Code Daytimo	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Adda Registration Division of P.O. Box 6: Tallahassee	n Section Corporations 327	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 rax Assets LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
he Articles of Organization for this Limited I		y were filed on	and assigned
Plorida document number [1.19000104112	'		
his amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name of	of the limited lia	bility company here:	
Navcel LLC			
he new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "I	.LC" or the abbreviation "L.L.C."
inter new principal offices address, if appli	cable:	Same	
Principal office address MUST BE A STRE	ET ADDRESS)		<u>^</u>
			024 3E0 TA
inter new mailing address, if applicable:		Same	## 4 F
(Mailing address MAY BE A POST OFFICE BOX)			N g OSS
			AT O
3. If amending the registered agent and/or	registered office	address on our records, en	ter the name of the new regi:
gent and/or the new registered office addre	ess here:		
	Same		
Name of New Registered Agent:	Sanc		
New Registered Office Address:	Same		
		Enter Florida street add	iress
			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
			
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
			
			□Add
			□Remove
			□Change
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			□Change
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			Remove
			□ Change

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an effective date is lise to the list in the date instance.	ther than the date of ted, the date must be spected in this block do date on the Departm	eific and cannot es not meet the	applicable stat	f filing or more than outory filing requ	(option: n 90 days after fil rements, this d	ing.) Pursuant to 605.02
record specifies a d I is filed.	elayed effective date,	but not an effe	ective time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th day after th
ated		2024				
aicu			<u>, </u>			
	45/	///				
	1	de la				
 	Signat	ire of a member	or authorized rep	presentative of a me	ember	

Filing Fee: \$25.00