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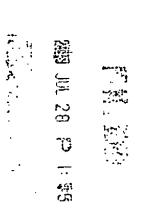
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| Special Instructions to | Filing Officer: | |
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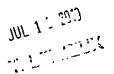




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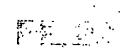


COVER LETTER

| TO: | Registration Se Division of Cor | | | | |
|--------------|------------------------------------|--|---|----------------------|---|
| 418783.88 | II.AVE | THE TRAPANI TEA | M LLC | | |
| SUBJI | ECT: | Name of Lim | ited Liability Company | - 1-14-22 | |
| The en | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please | return all correspo | ondence concerning this matter | to the following: | | |
| | | | DENISE KELLY TRAPA | ANI | |
| | | | Name of Person THE TRAPANI TEAM L | LC | |
| | | | Firm Company 761 E ACRE DRIVE | | |
| | | 10-00m | Address | | - |
| | | | PLANTATION, FL 33317 | • | |
| | | | City:State and Zip Code traps227@hotmail.com | | |
| | | E-mail address: (| to be used for future annual | report notification) | <u> </u> |
| For fur | rther information o | oncerning this matter, please ca | all: | | |
| | DENISE K | ELLY TRAPANI | 954 at () | 805-1560 | |
| | Name o | f Person | Area Code | Daytime Telepho | ne Number |
| Enclos | ed is a check for the | he following amount: | | | |
| ■ \$2 | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enc | | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Registi | ING ADDRESS: ration Section on of Corporations | Registrat | I/COURIER ADI | DRESS: |
| | P.O. B | ox 6327 assec, FL 32314 | Clifton B | | le |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



编址28 P I: \$9

| (Name of the Limited Liab) (A Florie | lity Company as it now appea da Limited Liability Company) | rs on our records. |
|--|---|--|
| The Articles of Organization for this Limited Liability Florida document numberL19000153537 | Company were filed on | JUNE 10, 2019 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company h | ere: |
| THE TRAPANI | TEAM OF S FL LLC | |
| The new name must be distinguishable and contain the words "Li | 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 regregistered agent and/or the new registered office ad Name of New Registered Agent: New Registered Office Address: | dress here: | u our records, <u>enter the name of the new</u> |
| | | , Florida |
| Non-Borton day of the Control of the | <i>C</i> ιή· | Zıp Code |
| New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the register company has been notified in writing of this change | t and agree to act in this complete performance of agent as provided for in v red office address, I here | I my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is |
| | If Changing Registered A | gent, 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> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
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| | ng any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an effective Note: If the | date, if other than the date of filing: e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) are date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records. |
| | I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed. |
| Dated | Signature of a member or authorized representative of a member |
| | DENISE KELLY TRAPANI |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00