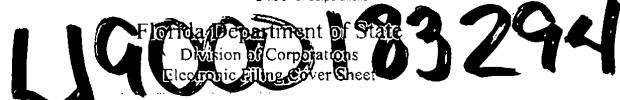
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Division of Corporations



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	Account Name	: ARAZOZA & FERNANDEZ-FRAGA P.A.
	Account Number	: 076624003440
	Phone	: (305)444-6226
	Fax Number	: (305)442-4829
	the email addres	<pre>s for this business entity to be used for futures. ngs. Enter only one email address please.**</pre>

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COVER LETTER

TO:	Registration of	en Section Corporations			
SUBJE		ti Trails, LLC			
22040	CI;	Name of	Limited Lisbility Company		
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		of Amendment and fee(s) are spondence concerning this mat	·		
		Netlie E. Barcia	a at ionowing.		
		· <u></u> _	Name of Person		
		Arazoza & Fernandez-P	raga, P.A.		2619
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		2100 Salzedo Street, Sui	ta 300	-	C.)
			Address		28
		Coral Gables, FL 331	, 1331223		_; =:
		nbarcia@arazoza.com	City/Sure and Zip Code	·	30:1
		E-mail address:	(to be used for future symual report no	tification)	(_,
for further	information :	concerning this matter, please o	all:		
Nellie E. B			305 444-6226		
	Name o	of Parson	Area Code Daytin	ne Telephone Number	
Enclosed is	s check for th	ic following amount:			
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	Registra Division P.O. Bos	NG ADDRESS: tion Section to of Corporations x 6327 sec, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Can	1 tíons	

Tallahassee, FL 32301

Confetti Trails, LLC

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

(A Florida Lumited Libility Com	ment of Lightity Company	·
The Articles of Organization for this Limited Liability Compar	ny were filed on 7/16/2019	and assigned
Florida document number L19000183294	· · · · · · · · · · · · · · · · · · ·	and azziSuled
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lin	bility company here:	
The new name mass be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		10
(Principal office address MUST BE A STREET ADDRESS)		
		8 1-1
Enter new mailing address, if applicable:		글 당
Mailing address MAY RE A POST OFFICE DOV.	and the second s	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter</u> :	the name of the new
Name of New Registered Agent:	17 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
New Registered Office Address:		
	Enter Florida street uddress	······································
·- ·		12 21
lew Registered Avent's Signature, if changing Registered Agent:	****	Top Code

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 Resistered Agent

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3054424829

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	• • • •
MGR	Richard Bernardo	613 SAN ANTONIO AVENUE CORAL GABLES, FL 33146	Type of Action
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	other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	08/26/2019 r than flie date of filing: (optional)
Note: If the date inserted document's effective date	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) and in this block does not meet the applicable statutory filing requirements, this date will not be listed as the contine Department of State's records.
Dated August 26	2019
Mount	Signature of a member or authorized representative of a member
Lourdes Bernard	
Lourdes Bernard	
Lourdes Bernard	rdo

Filing Fee: \$25.00