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FILED STATE SECRETARY OF STATE CORPORATIONS.

Sound

COVER LETTER

TO: Registration So Division of Con					
TROBS, L	LC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	RAFAEL A. RODRIGUE	Z CABRERA			
		Name of Person			
		Firm/Company			
	3100 WEST FLAGER ST				
		Address			
	MIAMI FL, 33135				
		City/State and Zip Code			
	ea@1stchoicetaxrelief.com			/ (12 C .
	E-mail address: (to be used for future annual report notifi	cation)	35. S. S. S.	:::C
For further information of	concerning this matter, please c	all:		F 30	2001 2001 2001
RAFAEL A. RODRIGU	JEZ	786 806-4604		_ 32	2000 7.500 7.5000
Name o	of Person	at () Area Code Daytime	Telephone Number	- 36 - 17 - 36	F STATE PORATION
Enclosed is a check for t	he following amount:				ý)
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TROBS, LLC			
(Name of the Limi	ted Liability Company as it now (A Florida Limited Liability Com	appears on our records.) ipany)	
The Articles of Organization for this Limited L Florida document number L19000221554	iability Company were filed	on <u>08/29/2019</u>	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability compa	any here:	
The new name must be distinguishable and contain the	words "Limited Liability Company	;" the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		5 556
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		RETARY OF STATE
B. If amending the registered agent and registered agent and/or the new registered of	•	ess on our records, <u>enter</u>	the name of the ne
Name of New Registered Agent:	RAFAEL A. RODRIGUEZ	Z CABRERA	
New Registered Office Address:	3100 WEST FLAGER ST	APT 214	
	En	nter Florida street address	
	MIAMI	, Florida _ ³	3135
	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>	Name	Address	Type of Action
MGR	RAFAEL A. RODRIGUEZ CABRERA	3100 WEST FLAGER ST APT 214	□ Add
		MIAMI, FL 33135	
			□ Remove
			☐ Change
			Add
			Remove
			Change
			□ Remove
			□ Change
			Add
			□ Remove
			Change
		□ Remove	
			Change
			□ Remove
			Change

Effective date, if other than the date of filing: (If an effective 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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.	•	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Dated 09 / 20 _ 2019.	Dated _	09/20 2019.
Signature of a member or authorized representative of a member		Signature of a member or authorized representative of a member
PARAEL A. Rodnibue 2. Typed or printed name of signee		RAPAEL A. Rodnibuez.

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Filing Fee: \$25.00