

L20000093794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

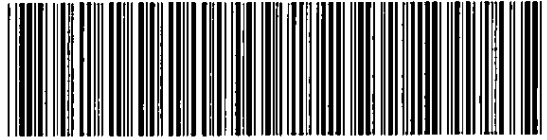
(Business Entity Name)

(Document Number)

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STATE
CENTRE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRAPPED GENIUS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA MICHAUD
Name of Person

TRAPPED GENIUS HOLDING INC.
Firm/Company

PO BOX 881274
Address

PORT ST LUCIE, FL 34988
City/State and Zip Code

TRAPPEDGENIUS20@YAHOO.COM
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA MICHAUD at (786) 547-5791
Name of Person Area Code Daytime Telephone Number

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STATE
FL

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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TRAPPED GENIUS LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed 03/31/2020 and assigned on Florida document number L20000093794

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

290 NW PEACOCK BLVD #881274
PORT ST LUCIE, FL 34988

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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STATE OF FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: TRAPPED GENIUS HOLDING INC

New Registered Office Address: 290 NW PEACOCK BLVD #881274
Enter Florida street address

PORT ST LUCIE, Florida 34988
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.

TRAPPED GENIUS HOLDING INC.
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>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>MICHAUD, SANDRA</u>	<u>290 NW PEACOCK BLVD #881274</u>	<input checked="" type="checkbox"/> Add
		<u>PORT ST LUCIE, FL 34988</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>VP</u>	<u>CETOUTE, JAMES</u>	<u>290 NW PEACOCK BLVD #881274</u>	<input checked="" type="checkbox"/> Add
		<u>PORT ST LUCIE, FL 34988</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MANAGER</u>	<u>RAPHAEL, EVANS</u>	<u>290 NW PEACOCK BLVD #881274</u>	<input checked="" type="checkbox"/> Add
		<u>PORT ST LUCIE, FL 34988</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>CEO</u>	<u>SMITH, GRAINFORD</u>	<u>290 NW PEACOCK BLVD #881274</u>	<input checked="" type="checkbox"/> Add
		<u>PORT ST LUCIE, FL 34988</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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 DATE
 PM 3:00

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

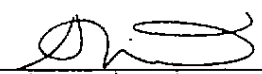
E. Effective date, if other than the date of filing: _____ (optional)

(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 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL 19 _____, 2023



Signature of a member or authorized representative of a member

SANDRA MICHAUD, TRUSTEE

Typed or printed name of signee

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STATE

FILED

Filing Fee: \$25.00