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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Pallet Installer LC 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:
Adrian Browne Name of Person
Pallet Trostaller LLC
3062 NW 94th Ave
Coral Springs, FL 33065  City/State and Zip Code  Kbrowne 08098 Gmail · Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adrian Brown at (186) 356-5689  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  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

	Company as it now appears on ou mited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number \( \bigs 20002121	npany were filed on $07/$	20/2070 and assigned
Florida document number	142	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	414	. 20
(Principal office address MUST BE A STREET ADDRES	<b>,</b> ·	<b>-</b>
		ಹ <b>೯</b>
Enter new mailing address, if applicable:		= 1
(Mailing address MAY BE A POST OFFICE BOX)	<del>_</del>	<u> </u>
B. If amending the registered agent and/or registered o	ffice address on our records	, enter the name of the new registered
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records	, enter the name of the new registered
	ffice address on our records	, enter the name of the new registered
ngent and/or the new registered office address here:  Name of New Registered Agent:	ffice address on our records	, enter the name of the new registered
agent and/or the new registered office address here:	ffice address on our records	
ngent and/or the new registered office address here:  Name of New Registered Agent:	Enter Florida stred	et address
ngent and/or the new registered office address here:  Name of New Registered Agent:	Enter Florida stred	
ngent and/or the new registered office address here:  Name of New Registered Agent:	Enter Florida stred City	et address

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
ALBS	Kareen Browne	3062 NW 94th Ne	□Add
		Coral Springs, FL32065	- ARemove
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ective date, if other than the date of filing:  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 00
e: If the date inserted in this block does not meet the applicable stat	utory filing requirements, this date v	vill not be listed
ument's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, at 15 s filed.	2:01 a.m. on the earlier of: (b) The	90th day after th
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Signature of a member or authorized rep	resentative of a member	