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## **COVER LETTER**

TO: Registration Se Division of Cor								
SUBJECT TREM	DY TRAN LLC							
30bJr.c.r	Name of Limi	ame of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.						
Please return all correspo	ndence concerning this matter	to the following:						
	Thank	i / Ccivi						
		Name of Person						
	TRO	ENDY TRAW, LL						
		Firm/Company						
	2486	Tippecanoe R	idge					
		Address						
		Helmes as F/	313C3					
		City/State and Zip Code	0252					
	Thank	City/State and Zip Code  A D trendy tram.  To be used for future annual report not	Com					
	E-mail address: (	to be used for future annual report not	theation)					
For further information c	oncerning this matter, please ca	all:						
Though	Than	at ( <u>757</u> ) <u>672</u> Area Code Daytin	-9184					
Name o	f Person	Area Code Daytin	ne Telephone Number					
Enclosed is a check for the	he following amount:							
M \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)					
Mailing Addrey		Street Address:	vetion					
Registration : Division of C		Registration So Division of Co						
P.O. Box 632	27	The Centre of	Tallahassee					
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810					

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I RENDY IKA	iN, CCC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ny av it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LZ 0000Z42576</u> .	were filed on August 11, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BON)	

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:

New Registered Office Address:		
	Enter Florida street address	

y Zip Code

## New Registered Agent's Signature, if changing Registered Agent;

Name of New 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Change
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<u>iote:</u>	If the date in	serted in this	s block does n	ot meet t	he applicab	le statutory	filing requ	iirements	, this date	will not be list	ed a
ocun	nent s effectiv	e date on the	: Department	or State 8	s records.						
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Filing Fee: \$25.00