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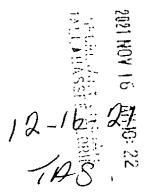
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COVER LETTER

Daniel R. Blackford and Diane Blackford H/W LLC SUBJECT: 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: Robert D. Trost Name of Person R D Trost Enterprises LLC Firm/Company 2631 Meadowedge Loop Address St. Cloud, FL 34772 City/State and Zip Code bigbobhd@mac.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert Trost 873-9966 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **☑** \$60.00 Filing Fee. □ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section Division of Corporations

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

Daneil R. Blackford and Diane Blackford H/W 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 on October 13, 2021 and assigned Florida document number 1.21000447409 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: R D Trost Enterprises LLC The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." 2631 Meadowedge Loop Enter new principal offices address, if applicable: St. Cloud, FL 34772 (Principal office address MUST BE A STREET ADDRESS) 2631 Meadowedge Loop Enter new mailing address, if applicable: St. Cloud, FL 34772 (Mailing address MAY BE A POST OFFICE BOX) 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: Robert D. Trost Name of New Registered Agent: 2631 Meadowedge Loop New Registered Office Address: Enter Florida street address St. Cloud City

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Robert D. Trost	2631 Meadowedge Loop	■Add
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record specifies a delayed effective is filed.	e date, but not an ei	Tective time, at 12:	01 a.m. on the earlier o	of: (b) The 90th day after	the
October 30	20	21			
ated					

Filing Fee: \$25.00