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Special Instructions to Filing Officer:				





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T. MATTHEWS FEB 18 2022

## **COVER LETTER**

TO: Registration Section Division of Corpo	
SUBJECT: AM	ending Change to Title of Members
The enclosed Articles of Ar	nendment and fee(s) are submitted for filing.
Please return all correspond	fence concerning this matter to the following:
	ANNE POULOS
	Name of Person
	TROJAN MANAGEMENT
	Firm/Company
	4606 Bontia Drive
	Address
	Palm Beach Gardens
	City/State and Zip Code
	p8a3i9@icloud.com
	E-mail address: (to be used for future annual report notification)
For further information con	neerning this matter please call:
Irone Forthe Name of I	Person at (54) Daytime Telephone Number
Enclosed is a check for the	following amount:
■ \$25,00 Filing Fee	U \$30.00 Filing Fee & U \$55.00 Filing Fee & U \$60.00 Filing Fee.  Certificate of Status (Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TROSAN MANAGEMENT OF PARM BEHALL LCC
(Name of the Limited Liability Company as it now appears on our records.)

This amondment is submitted to amond the followings		
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 I	Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Opinainal office addrace MIICT RE A STREET AINDES	C1	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our record	ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	inter initial	CCL MAN CON
		Florida
	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 Juea to merely reflect a change in the registered office address. I hereby confirm that the limited hability 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>	Address	Type of Action
AMBR	Anne Poulos	4606 Bontia Drive	LAdd
		Palm Beach Gardens, FI. 33418	
			<b>□</b> Change
AMBR	Paul Poulos	4606 Bontia Drive	🗀 Add
		Palm Beach Gardens, FL 33418	=
			Change
			LIAdd
		<u></u>	□Change
			LJAdd
			]Remove
			□Change
			UAdd
			□Remove
			□Change
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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) (optional) 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 January 25 2022 Anne Poulos

Typed or printed name of signee