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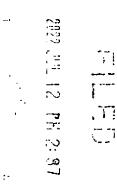
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

Registration Section

TO:

| Division of Cor | porations | | |
|---|--|--|--|
| SUBJECT: | | OUISITIONS nited Liability Company | 220 |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | <u>Chri</u> | 3 Tracy Name of Person | 2002 2002 2002 2003 |
| | | Siscayne Firm/Company | BIVA. |
| | Unit | +1206 Address | |
| | Mian | ni, FL 3313 | |
| | Chris E-mail address; (| City/State and Zip Code TYLE Y 38 @ 9 M to be used for future annual report notifi | al. com |
| For further information c | oncerning this matter, please c | all: | |
| Chris Name of | 17ACY Person | at (85%) 630 Area Code Daytime | -0793 Telephone Number |
| Enclosed is a check for th | e 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 S Division of Co | Section | Street Address: Registration Sect Division of Corp | |
| P.O. Box 632 Tallahassee, F | | The Centre of Ta | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TRACY ACQUISI | TIONS LLC | |
|---|--|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 22 0000771</u> 7 <i>i</i> | were filed on <u>3/16/32</u> | _ and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | ity Company," the designation "LLC" or the abbreval of the company, and the designation "LLC" or the abbreval of the company, and the company of the company | Cayne Blvd |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 300 S. Biscay Unit 1206 Miami, FL 33 | ne Blvd. |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the name o | f the new registered |
| Name of New Registered Agent: | | <u>55 [</u> |
| New Registered Office Address: | Enter Florida street address | 1 |
| | , Florida | (<u>.5</u>) |
| | 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.

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

| Title | Name | Address | Type of Action |
|-------------|--------------|----------------------------------|------------------------|
| MBR | Edward Tracy | 141-19th ST. Avalon N-T 08202 | ETAdd |
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Filing Fee: \$25.00