## L22000095289

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## **COVER LETTER**

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Divisio	n of Corp	porations				
Tra	ajean and	Associates Realty LLC				
SUBJECT:		Name of Lim	ited Liability Company	777.		
The enclosed Ar	ticles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return all	correspon	ndence concerning this matter	to the following:			
		Evins Trajcan				
			Name of Person		20	
		Trajean and Associates Re	alty LLC		2023 HAR 30	-17
			Firm/Company	7:	ာ သ	د <del>اسین</del> اکتدع
		11455 Dutch Iris Dr			O PH	[7]
			Address			
		Riverview, FL 33578		!	2: 26 STATE	
			City/State and Zip Code		ı	
		trajeane@gmail.com				
		E-mail address: (	to be used for future annual report noti	fication)		
For further infor	nation co	oncerning this matter, please ea	all:			
Evins Trajean			813 470-0747			
	Name of	f Person		ne Telephone Number		
Enclosed is a ch	eck for th	ne following amount:				
□ \$25.00 Filin	ng Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status	
Regist Divisi P.O. E	30x 632	Section orporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 8	10	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trajean and Associates Realty 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  $\frac{02/21/2022}{1}$ and assigned Florida document number \_\_\_\_\_L22000095289 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here; Trajean Ventures LLC The new name must be distinguishable and contain the words "Limited Liability 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 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida

## 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.

City

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
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			□ Remove
			□ Change
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February 10th 2022						
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Signature) if a member or a						

Filing Fee: \$25.00