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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Treas	sure Coast T	Red Book Knau	bstruppers LLC
	Name of Lim	ited Liability Company	·
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Kim Fish	Name of Person	
	Treusure Coast	Red Book Knaubstr Firm/Company	uppers LCC
	1931 Sugarloat	- Blud. Address	
		Chy/State and Zip Code	
	Kinfisherob E-mail address: (oe Isouth. Net to be used for future annual report noti	fication)
For further information co	ncerning this matter, please c	all:	
Kim Fisher Name of	Person	at (305) 509 Area Code Daytim	©816 e Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration So Division of Co P.O. Box 6327	ection orporations	Street Address: Registration Servision of Con The Centre of T	porations Fallahassee
Tallahassee, F	L 3 Z314	Z413 IV. IVIONTO	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	Or		,	ートリ
Treasure Coast Red (Name of the Limited			records AHAS	, - (;
The Articles of Organization for this Limited Lial	oility Company w	vere filed on <u>04</u>	07/2023	and assigned
Florida document number L220001675				
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited <u>liabil</u> i	ity company here:		
Treasure Coast Red Bac The new name must be distinguishable and contain the wor	ok Knabs	struppers L	LC	
The new name must be distinguishable and contain the wor	ds "Limited Liability	y Company, the designati	on "LLC" or the ah	breviation "L.L.C."
Enter new principal offices address, if applicat	ole:	NIA		
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>0X)</u>	NIA		
B. If amending the registered agent and/or reg agent and/or the new registered office address	here:			
Name of New Registered Agent:	Kim Fi	sher		
New Registered Office Address:	1931 Suga	Enter Florida stree	et address	
	Sugarloaf	Sher Sher Blud Enter Florida street Key City	, Florida	33042 Zip Code
New Registered Agent's Signature, if changing Re				

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>	Address	Type of Action
AMBR	Kim Fisher	1931 Dugarloot Bhel. Sugarloot kay	Fl. MAdd
			□Remove
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மாளி ote:	ve date, if other than the date of filing:
ecoro	I 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 ed.
ted_	M John Signature of a member or authorized representative of a member Maylyna Fisher Typed or printed name of signee
	$\mathcal{M} \hookrightarrow \mathcal{A}_{22}$