## 622000 A623601

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## COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
Traveling I	Oonkey LLC				
SUBJECT:	BAECT:Name of Limited Erability Company				
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.			
Please return all correspo	indence concerning this matter (	o me tonowing:			
	Robert Rosson				
		Name of Person			
		Firm/Company			
	5753 Hwy 85 N PMB 4295				
		Address			
	Crestview, FL 32536				
		City/State and Zip Code			
	robert.rosson67@gmail.con E-mail address: 0	i to be used for future annual report not	(fication)		
For further information of	concerning this matter, please ca				
Robert Rosson		530 363-8539 at()			
Name (	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ection		
	Corporations	Division of Corporations			
P.O. Box 63		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Traveling Donkey LLC

(Name of the Limited Liability Company as it now appears on our re (A Florida Umrted Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on <u>06/08/2022</u>	IALLAITESS and assigned
Florida document number L22000262261		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 BON)		
B. If amending the registered agent and/or registered office a	ddress on our records, <u>e</u>	nter the name of the new registered
agent and/or the new registered office address here:		
Numer of New Development Access		
Name of New Registered Agent:	<del> </del>	
New Registered Office Address:	Enter Florida street a	
	Enter Florida street a	darens
		. FloridaZip Code
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Laura Rosson	5753 Hyw 85 N	MAdd
		PMB 4295	
		Crestview, FL 32536	
			[L]Remove
			UChange
			CAdd
		11	□Remove
			Change
			∃Add
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			☐ Change
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			□ Add
			□ Remove
			□ Change

	<del></del>
Tective date, if other than the date of filing:	optional) gore than 90 days after filing.) Pursuant to 605,020
ote: If the date inserted in this block does not meet the applicable statutory filir	ng requirements, this date will not be listed as
beument's effective date on the Department of State's records.	
	•
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
is filed.	
July 15 2022	
ated July 15	
Signature of a member or authorized representative	

Typed or printed name of signee