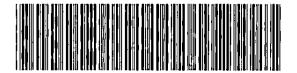
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	TR Enten	TSES LLC ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	Marvak	Name of Person	
	NJR EC	tecprises LLC	<u> </u>
	P.O. BOX 13	Address	
	Mary Esthe	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	
	Supporte (o Dused for future annual report notif	llc.com
For further information co	oncerning this matter, please ca	dl:	
Marne of	Reed	at (<u>& So</u>) <u>& Y Y</u> Area Code Daytime	9662 Telephone Number
Enclosed is a check for the	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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MITR Enterprises LIC

(Name of the Limiter	d Diability Compa	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia Florida document number <u>L 2300095</u>	bility Company		2023 and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applica (Principal office address MUST BE A STREET		1992 Lewis Torr Ste 1067 Fort Walton Beach	ier3/14 FL 32547
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>(ON)</u>	P.O. Box 13 Mary Esther Fl	3251696
B. If amending the registered agent and/or reagent and/or the new registered office address	ζ.	address on our records, enter the n	ame of the new registered
Name of New Registered Agent:			
New Registered Office Address:	1992 1	ewis Turner Blud Enter Florida street address	Ste 1067
	Fortle	<u> Lalton Beach</u> . Florida	32547 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 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
MGR	Narva I Reed	921 Lauderhill lane Fort Walton Beach FL 32547	□Add
			X Remove
			©Change
moe	Marva J Reed	1992 Lewis Turner Blud Ste 106 Fort Walton BeachFl 32547	X\dd
			□Remove
			Change
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			□Change

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	is filed.	•	he
	ated	June 24 2024. Man Rold Signature of a member of authorized representative of a member	
Typed or printed name of signee			