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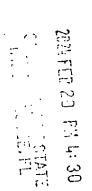
| (R | equestor's Name) | |
|-------------------------|------------------------|---------------|
| (A | ddress) | - |
| (A | ddress) | |
| (C | ity/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Name) | |
| (D | ocument Number) | |
| Certified Copies | Certificates of S | itatus |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | | |
|--------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------|
| | Z RENT LLC | | | |
| SUBJECT: | Name of Lim | ited I iability Company | | |
| | f Amendment and feets) are sub condence concerning this matter | | | |
| | REINA DELGADO | | | |
| | | Name of Person | | |
| | TROMPIZ RENT LLC | | | |
| | | Lum Company | | |
| | 2138 BRILLANTE DR | | | |
| | | Address | · | |
| | SAINT CLOUD, FL 3477 | I | | |
| | negociohoy123@gmail.com | City State and Zip Code | | |
| | | to be used for future annual report notal | cation | |
| For further information | concerning this matter, please c | alt: | • <u>• • • • • • • • • • • • • • • • • • </u> | 100. 200, FFB |
| REINA DELGADO | | 407 4935222 at () | i - | : : |
| Name | of Person | Area Code Daytime | Telephone Number | 20 PH |
| Enclosed is a check for | the following amount: | | [· · · · · · · · · · · · · · · · · · · | <u>-</u> |
| ■ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Fill Certificate of Status & Certified Copy radditional copy is enclose | ů. |
| Mailing Addro | :N: | Street Address: | | |

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

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

| TROMPIZ RENT LLC | | | |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------|-----------------------------|
| (<u>Name of the Limited I</u> (A | iability Company as it Florida Limited Liability | now appears on our records.) Company) | |
| The Articles of Organization for this Limited Liabi | ility Company were t | iled on 03/23/2023 | and assigned |
| This amendment is submitted to amend the followi | ng: | | |
| A. If amending name, <u>enter the new name of th</u> | e limited liability co | mpany here: | |
| The new name must be distinguishable and contain the word | s "Limited Liability Com | pany," the designation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET) | 1DDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u>N/A</u> | | |
| Managara Ma | <u> </u> | | |
| B. If amending the registered agent and/or regiagent and/or the new registered office address h | stered office address ere: | s on our records, <u>enter th</u> | e name of the new register |
| Name of New Registered Agent: | N/A | | |
| New Registered Office Address: | | Enter Florida street address | |
| _ | | Flori | |
| | Cit | y. | 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|------------------------------|-----------------------------------------|
| MGRM | RED25 LLC | 1309 COFFEN AVENUE, STE 1200 | ■Add |
| | | SHERIDAN, WYOMING, 82801 | □Remove |
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| ctive date, if other than the date of filing: | | | (optional) | . * * * * * * * * * * * * * * * * * * * | |
| effective date is listed, the date must be specific and c e: If the date inserted in this block does not me | cannot be prior to c | late of filing or more | than 90 days after filing, | Pursumr <u>ių</u> (veiklas v eikl | 105(k) 105(k) |
| ment's effective date on the Department of St | ate's records. | e samuty mag ie | quirements, this date | WITE HOLD FICH | isted (|
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| ord specifies a delayed effective date, but not a filed. | in effective time | , at 12:01 а.m. оп : | he earlier of: (b) The | e 90th day a | tter th |
| February 06. | 2024 | | | | |
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Typed or printed name of signee