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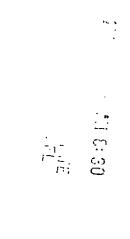
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Office Use Only



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COVER LETTER

TO:

Registration Section

Division of C	orporations		
TRENDS SUBJECT:	SPREE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	•
	LIVELABREU		
		Name of Person	
		Firm/Company	
	1643 PROWMORE DR		
		Address	
	BRANDON FL 33511		17
	LIVEIABREU@GMAIL.C	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please e	all:	
LIVEI ABREU		813 841-6595	
Name	of Person	Area Code Daytir	ne 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 Addr Registration		Street Address: Registration Se	ection
Division of	Corporations	Division of Co	rporations
P.O. Box 63 Tallahassee		The Centre of	
i ananassee	, i L J Z J 1 4	Z+13 IN. IVIONTO	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRENDSPREE LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	-
The Articles of Organization for this Limited Liability Compar	ny were filed on 04/15/2023 and a	assigned
Florida document number L23000188591		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
TRENDSFUEGO LLC		
The new name must be distinguishable and contain the words "Limited Lie	bility 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 offic		iew regi
agent and/or the new registered office address here:		
Name of New Registered Agent:	A Land	
New Registered Office Address:		
	Enter Florida street address	=
	. Florida	
	City Zin Cox	

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>	Name	Address	Type of Action
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fective date, if other than the dan effective date is listed, the date must be tee: If the date inserted in this block	e specific and cannot be prior to	o date of filing or more than 90 day	s after filing.)	Pursuant to 605.02
cument's effective date on the Depa		or statutory many requirement	is. iins date	Will flot be fisted
ecord specifies a delayed effective d is filed.	ate, but not an effective tin	ne, at 12:01 a.m. on the earlier	of: (b) Th	e 90th day after th
04/16	2024			
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Filing Fee: \$25.00