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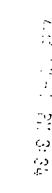
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COVER LETTER

Registration Section Division of Corporations

ro:

UBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ndence concerning this matter	to the following:	
	Isabel V Colleran		
		Name of Person	
	Blaxberg Grayson		
	<u> </u>	Firm/Company	
	25 SE 2nd Ave Suite 730		
		Address	
	Miami, FL 33131		
		City/State and Zip Code	
	isabel.colleran@blaxgray.co	om	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
sabel Colleran		305 381-7979 E	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
T cas as pill p	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy
■ \$25.00 Filing Fee		(additional copy is enclosed)	(additional copy is enclosed

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TREDSTONE PROPERTIES LLC	
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fil	led on October 20,2023 and assigned
Florida document number L23000482607	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
TREADSTONE, LLC	
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	29
	A C.S. 2242
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)	
	<u>.</u>
B. If amending the registered agent and/or registered office address	ಾ on our records, enter the name 6fthe new register
gent and/or the new registered office address here:	
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address

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.

City

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> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□ Add
			Remove
			□Change
			∐Add
			□Remove
			□Change

	ion, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		_
		
·		
		
		
		
		
		
C. Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this blood document's effective date on the Dep	date of filing:	o 605.0207 (3)(e listed as the
the record specifies a delayed effective ecord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
Dated October 30th	, 2023	
	Signature of a-member or authorized representative of a member	
Isabel V Colleran		
isauci y Concran	Typed or printed name of signce	_

Filing Fee: \$25.00