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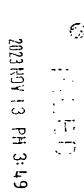
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TDAINICC	POUR L.C					
SUBJECT:						
	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Martin Zelikson					
		Name of Person				
	Concrete Realty LLC					
		Firm/Company				
	1631 S 21th Av					
		Address				
	Hollywood, Florida 33020					
		City/State and Zip Code				
	info@concreterealtylle.com		74			
		to be used for future annual report not	incation)			
For further information of	concerning this matter, please c	all:				
Martin Zelikson		786 6143254 at ()				
Name o	of Person		ne Telephone Number			
Enclosed is a check for t	he 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 Addres	<u>85:</u>	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

TRAINSGROUP LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 123000488037	were filed on 10/25/2023	and a	ıssigned
his amendment is submitted to amend the following:	mization for this Limited Liability Company were filed on 10/25/2023 mber 123000488037 ubmitted to amend the following: ne, enter the new name of the limited liability company here: istinguishable and contain the words "Limited Liability Company." the designation "LLC" or l offices address, if applicable: Iress MUST BE A STREET ADDRESS) address, if applicable: AY BE A POST OFFICE BOX) registered agent and/or registered office address on our records, enter the w registered office address here:		
A. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabil	lity 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)		13	<u> </u>
		7023	
		¥0.4	
Inter new mailing address, if applicable:		ယ	
		P	: 1
nutting dualess may be A 1031 OFFICE BOX			مرابع مرابع العا
		<u> </u>	_
	address on our records, enter the na	me of the n	ew regi
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City , Florida _	Zip Coo	le —

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
MGR	Julian Telias	1631 S 21st AVE Hollywood FL 33020	= Add
			□Remove
			Change
MGR	Gerardo Telias	1631 S 21st AVE Hollywood FL 33020	■Add
			□Remove
			Change
	 		
			Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _______(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the 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 record is filed. Dated _ november 6 Signature of a member or authorized representative of a member Martin Zelikson Typed or printed name of signee