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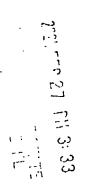
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor		·
	nterprise L.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:
	Trevor Jones	
		Name of Person
	Trevor's Enterprise	
		Firm/Company
	8081 steamboat springs dr	
		Address
	Jacksonville, fl 32210	
		City/State and Zip Code
	Trevorsenterpriselle@gmai	1.com to be used for future annual report notification)
For further information c	oncerning this matter, please c	
Trevor Jones		904 487-8751
Name o	f Person	Area Code Daytime Telephone Number
Enclosed is a check for the	ne following amount:	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. □ Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. □ □ □ Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section
Division of C	orporations	Division of Corporations
P.O. Box 632	.7	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trevor's Enterprise Ilc				
(Name of the Limit	ed Liability Compan (A Florida Limited Li	y as it now appears on our re	cords.)	
The Articles of Organization for this Limited Li	ability Company v	were filed on <u>02-14-2024</u>	and a	ssigned
Florida document number L24000004989	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liabil	lity company here:		
Trevor's Enterprise L.L.C.				
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," the designation '	'LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:		8081 steamboat springs dr	jacksonville fl 32210	
(Principal office address MUST BE A STREE	T ADDRESS)		,	
		<u> </u>		
		0001	. 1	
Enter new mailing address, if applicable:		8081 steamboat springs dr	jacksonville il 32210	
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>			
B. If amending the registered agent and/or re		ddress on our records, <u>er</u>	iter the name of the n	ew registered
agent and/or the new registered office addres	<u>s nere</u> :		· · · · · · · · · · · · · · · · · · ·	: 1
				י לי
Name of New Registered Agent:	Trevor Jones			2
New Registered Office Address:	8081 Steamboat	springs dr	-	P
		Enter Florida street ac	idress	
	Jacksonville		, Florida 32210	ب ر س
		City	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 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	Trevor Jones	8081 steamboat springs dr jacksonville fl 32210	© Add
			□Remove
			□ Change
ambr	Trevor Jones	8081 steamboat springs dr jacksonville fl 32210	2 Add
			□Remove
			□Change
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			□ Chausa

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ective date, if other than	the date of fili	ing:	. 1 . 662	1 00 1	(optional)	2
effective date is listed, the date te: If the date inserted in the	is block does no	t meet the applic	able statutory fil			
ument's effective date on th	e Department o	f State's records.				
record specifies a dela he 90th day after the			t an effective	time, at 12	2:01 a.m. d	on the earlier
ed 02-14		2024				
						
		a mambana and		na of a month		
	Signature of	a member or author	mizea representati	ve or a member		

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