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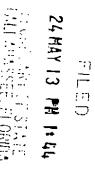
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COVER LETTER

то:	Registration Se Division of Cor			•
CHDIE		RPRISES OF SW FLORIDA L	LC	
SUBJE	CI:	Name of Lim	ited Liability Company	<u> </u>
The encl	losed Articles of	Amendment and fee(s) are sub	amitted for filing	
		ondence concerning this matter	-	
		MANU	JELA RODRIGUEZ FERRER	
			Name of Person	
		TR EN	TERPRISES OF SW FLORIDA L	I.C
			Firm/Company	<u> </u>
			1621 CALVIN AVE	
			Address	···
		LEH	IGH ACRES /FLORIDA/33972	
			City/State and Zip Code	
			enterprises.swf@gmail.com	
		E-mail address: (to be used for future annual report no	tification)
For furth	ner information o	oncerning this matter, please c	all:	
MANU	ELA RODRIGU	EZ FERRER	239 689-9779 at ()	
	Name o	f Person	Area Code Daytin	me Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$2 5.	.00 Filing Fcc	☐ \$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 Address		Street Address:	oction
Registration Section Division of Corporations			Registration Se Division of Co	
	P.O. Box 632	-	The Centre of	
	Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TR ENTERPRIS	ES OF SW FLORIDA LLC	<u>;</u>	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears imited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Con Florida document number	mpany were filed on	01/31/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company her	<u>ne</u> :	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the de	signation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			2,
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
maning united man 122 mil 1992 vi 1 100 120 120 120 120 120 120 120 120 1	<u> </u>		D'
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our re	cords, <u>enter the n</u>	ame of the new regi
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
		, Florida	
	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>	<u>Address</u>	Type of Action
AMBR	ANTHONY J ARMSTRONG	7355 MINARDI ST, NORTH PORT, FL., 34291	= Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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an effective date is li lote: If the date in	other than the date of filing:
	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of after the record is filed.
ated	04/30 2024
	A
-	Signature of a prember or authorized representative of a member
	Hanul & Rockiguez Ferrer
	Harris M. A. Markey and Language

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