## L24000057967

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25 JAN 31 PH 1:1

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## **COVER LETTER**

	egistration Sec ivision of Corp					
SUBJECT	: <u></u> -	Rudd Real Name of Limit	Estate Servi	ins LLC	-	, .
The enclos	ed Articles of A	mendment and fee(s) are subt	nitted for filing.			
Please retu	rn all correspor	dence concerning this matter t	o the following:			
		Jam	nes S. Rudd S	· · · · · · · · · · · · · · · · · · ·		
			Firm/Company			
		65 Z:	Address			
		Crawford	City/State and Zip Code	32327		
		E-mail address: (1	o be used for future annual report notifi	cation)	(0)	20
For further	r information co	oncerning this matter, please ca	all:		TALL	25 JA
	Name of	S. Rudd Sr Person	at ( <u>850</u> ) <u>445</u> - Area Code Daytime	575 \\ Telephone Number	ECRETAKY OF ST TALLAHASSEE, I	2025 JAN 31 PH 1
Enclosed i	is a check for th	e following amount:			TATE	l: 35
[] \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	Fee, Status & by	
E I	Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

- } \*

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nome of the Limited Lightility Co	ompany as it now appears on our recoi	rds)	
(A Florida Lim	ompany as it now appears on our reconniced Liability Company)	<u>.us.</u> ,	
The Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned	
Florida document number <u>L24000579</u>	47		
This amendment is submitted to amend the following:			
: A. If amending name, enter the new name of the limited	liability company here:		
TRAISONIAS II	C		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LI	_C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		202 SE	
		A C R C R C R C R C R C R C R C R C R C	
B. If amending the registered agent and/or registered of	Goo address on our records, anti-	or the name of the new registered	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
agent and/or the new registered office address here:	nce address on our records, ente	SO P	:
			ا ا
Name of New Registered Agent:		A S	
New Registered Office Address:	Enter Florida street addi	Fore	
	City	Florida Zip Code	

## New Registered Agent's Signature, if changing Registered Agent:

Ehereby 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 = 3 AMBR = 3	Manager Authorized Member		
Title	Name	Address	Type of Action
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Note: If th	date, if other date is listed, he date inserted in effective date.	ed in this bloc	ck does no	it meet the :	applicable s	tatutory fili	ng requireme	ents, this di	al) ng.) Pursuant ( ite will not b	o 605.0207 e fisted as
e record sp rd is filed.	ecifies a dela	yed effective	date, but n	iot an effec	tive time, a	t 12:01 a.m	on the earli	er of: (b)	The 90th day	after the
Dated	1/31/	25		<del>.</del>	·					
			Signature of	_ht	-lud		e of a membe			

Filing Fee: \$25.00

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