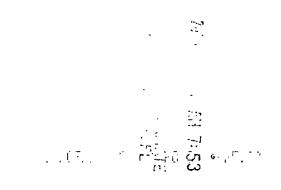
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(Requestor's Name)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

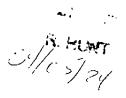
Office Use Only



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PROFESSION TO ALLAHASSEL FLORIDA



## **COVER LETTER**

TO: Registration So Division of Co					
	CA GROUP LLC				
SUBJECT:	Name of Lin	nited Liability Company	_ <del></del>		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	ATILLIO P CERQUEIRA				
		Name of Person			
	155 TRESCA GROUP LI	.C	:		
		Firm/Company	•		
	95 NORTH ROSCOE BO	ULEVARD			
		Address			
	PONTE VEDRA BEACH	, FLORIDA 32082	7 53 7 53		
		City/State and Zip Code	<del></del> · ·		
	ACERQUEIRA@CANDE	FISHERIES.COM (to be used for future annual report noti	(firstion)		
For further information c	oncerning this matter, please o	-			
ATILLIO P CERQUEIR	A	904 334-2983 at ( )			
Name of Person			e 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 & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		
Mailing Addres Registration S	Section	Street Address: Registration Sec			
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee			
Tallahassee, F		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

155 TRESCA GROUP LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company	were filed on APRIL 4, 2024 and assign
lorida document number L24000153769	
his amendment is submitted to amend the following:	
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 Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C.
inter new principal offices address, if applicable:	95 North Roscoe Boulevard
Principal office address MUST BE A STREET ADDRESS)	Ponte Vedra Beach, FL 32082
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	-5
	ri G
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new re
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

## 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 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>	Name	Address	Type of Action
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			□Remove
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Effective date, if of an effective date is linguistry  Note: If the date in document's effective	seried in this bloc.	k does not meet t	he applicable stat	f filing or more than utory filing require	(optional) 90 days after filing.) Fements, this date w	Pursuant to 605.020 ill not be listed a
Totalion o officery	o date on the Dep	artificate of State s	s records,			
record specifies a o	delayed effective d	ate, but not an ef	fective time, at 1	2:01 a.m. on the ea	arlier of: (b) The	90th day after the
Dated APRIL 5		20:	24			
			7			