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COVER LETTER

TO: Registration Division of C			
eup mer.	Develta Ta	rance ILC	
SUBJECT:	Daughtry Insu	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Dwayne	Daughtry Jr	
		Name of Person	
		Firm/Company	
	2298 Laks	land Hills Blvd	
		Address	
	lakeland FL	33805	
		33805 City/State and Zip Code ChealthmerKets.com to be used for future annual report no	
	Dogughtry	Phealthmarkets.com	
	E-mail wiidress! (to be used for luture annual report ne	tification)
For further informatio	n concerning this matter, please c	all:	
D D	T	863 . 37a	2776
Divayni D	e of Person	at (863) 274 Area Code Dayti	me Telephone Number
Part of the dead of	and Callering and and		
	r the following amount:		51. 640 AG PUL - F
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60. 0 0 Filing Fee, Certificate of Status &
	G	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(additional copy is enclosed)
Mailing Add	ress:	Street Address:	
Registration Section		Registration S	
	f Corporations	Division of Co	
P.O. Box 6		The Centre of	Tallahassee Foe Street, Suite 810
i amanassee	e, FL 32314	Tallahassee, F	l l

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I)aughtry	nsurance LLC	
(Name of the United (A	Liability Company as it now appears on our records Florida Limited Liability Company)	.)
The Articles of Organization for this Limited Liab	ility Company were filed on April 25#	2024 and assigned
Florida document number <u>L24 000 1747</u> 7		
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
TRY ASSETS LLC		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or reg	istered office address on our records, enter t	he name of the new registered
agent and/or the new registered office address h	here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	City	Zip Code
New Registered Agent's Signature, if changing Reg		
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the region company has been notified in writing of this ch	and complete performance of my duties, and red agent as provided for in Chapter 605, F gistered office address, I hereby confirm tha	dI am familiar with and .\$. Or, if this document is
	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 Type of Action <u>Address</u> <u>Title</u> Name | _ 🗆 Add Remove □ Change \square Add □Remove □ Change □Add □Remove _ Change _ □Add □Remove _ □Change $\square Add$ □Remove □ Change \square Add □Remove

_ □Change

Page 2 of 3

If amendir	ng any other information, enter change(s) here: (Attach additional sheets, if no	(cessary.)
-		
 		
	<u> </u>	
		
		
		
-		
Note: If th	date, if other than the date of filing:	otional) fter filing.) Pursuant to 605.0207 (3 this date will not be listed as th
the record) The 901	I specifies a delayed effective date, but not an effective time, at 12:0: th day after the record is filed.	1 a.m. on the earlier of:
Dated	September 8th 2024	
	Signature of a member or authorized representative of a member	<u> </u>
		i .
	Drayne G. Daughtry Jr. Typed or printed name of signee	

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Filing Fee: \$25.00