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SECRELIARY OF THE INC.

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## **COVER LETTER**

TO: Registration Se Division of Cor			
Traversion	LLC		•
SUBJECT:	Name of Lim	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:	
	Stanisłaus K Bernard		
		Name of Person	
	Traversion LLC		
		Firm/Company	
	1447 Attilburgh Blvd		
	· · · · · · · · · · · · · · · · · · ·	Address	
	West Melbourne, FL 3290	)-4	90 70 70
		City/State and Zip Code	
	stan@traversion.me		2 1 1
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Stanislaus K Bernard		321 604-0921 at ( )	
Name of Person Area Code		Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 Address	<del></del> -	Street Address:	ation
Registration Section Division of Corporations		Registration Sec Division of Cor	
P.O. Box 6327		The Centre of T	allahassee
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)	
were filed on March 24th, 2025	and assigned
oility company here:	
ility Company," the designation "LLC" or the	abbreviation "L.L.C."
	_
address on our records, enter the n	ame of the new registo
Futer Florido street address	
, Florida	Zip Code
	were filed on March 24th, 2025  bility company here:  dity Company," the designation "LLC" or the address on our records, enter the national street 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>	<u>Name</u>	Address	Type of Action
MBR	Stanislaus K Bernard	1447 Attilburgh Blvd, West Melbourne, FL 32904	□Add
			□Remove
			<b>■</b> Change
MBR	Monica A Bernard	1447 Attilburgh Blvd, West Melbourne, FL 32904	□Add
			□Remove
			Change
		<del> </del>	□Add
			□Remove
			Change
	·····		□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□ Change
		<del></del>	DbbA 🗆
			□Remove
			ClChange

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing:

(If an effective date is broad about 1 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member Stanislaus K Bernard Typed or printed name of signee