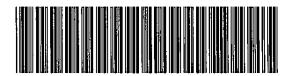


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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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SECRETARY OF STATE

K. SALY NOV - 8 2016

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Grand Trinity Plaza, LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bill W. Mazas Name of Person
Bill W. Mazas  Name of Person  Grand Trinity Plaza, LLC  Firm/Company
2551 Drew Street, Suite 301 Address
City/State and Zip Code  by a zas @ me. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bill W. Mazas at (737) 688-2828  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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· TOSE	FLORIDA

Grand Trini	Hy Plaza LLC  bildy Company as it now appears on our records.)  rida Limited Liability Company)
(A Flo	rida Limited Liability Company)
The Articles of Organization for this Limited Liability	y Company were filed on $05/19/2003$ and assigned
Florida document number <u>L030000/8038</u>	
This amendment is submitted to amend the following	;
A. If amending name, enter the new name of the l	imited liability company here:
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
	- 12
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, <u>enter the name of the new</u> ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	<del></del>
	, 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 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Bill W. Mazas	2551 Drew Street Suite =	<b>30</b> ) □ Add
		Clearwater FL. 33765	□ Remove
			Change
MGR	Sam M. Karamantzos	2551 Drew Street, Svite 301	
		2551 Drew Street, Svite 301 Clearwater, FL. 33765	☐ Remove
			<b>⊠</b> Change
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Note: If the da	te is listed, the date ate inserted in thi fective date on th	is block does	not meet	t the applic	able statut	ory filing r	equirement	is, this da	ig.) Pursuar te will not	nt to 605.020 be listed a	07 (3) as the
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Filing Fee: \$25.00