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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		e/Zip/Phone #) WAIT MAIL SEntity Name) Int Number) Certificates of Status





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JUL 1 3 2018 S. PRATHE:

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	JECT:	Name of Limit	ed Liability Company	1	
The er	nclosed Articles of Amendme	nt and fee(s) are subn	nitted for filing.		
Please	e return all correspondence co	ncerning this matter t	o the following:		
		, <u></u>	Name of Person		
			Firm/Company		
			FillivCompany		
	 .	.391	Vorwich Lan	و	<u></u>
		∆ 1		E 2105	1
	-	Mei	City/State and Zip Code	TL DAID	<u> </u>
	-	E-mail address: (to	triachurch co	port dotification)	DM
For fu	urther information concerning	this matter, please ca	II:		
	Christine Ho	atteruig	at (<u>3-31</u>)	872-433	e Number
				,	• , ,
Enclos	sed is a check for the followir	g amount:			
□ \$ 2		00 Filing Fee & rtificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed)	60.00 Filing Fee, Certificate of Status & 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

- Trinity Church	Simply	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	8
The Articles of Organization for this Limited Liability Company vi Florida document number	were filed on 10/16/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil The new name must be distinguishable and contain the words "Limited Liability words" Limited Liability	Supply, LLC	breviation "L.L.C."
Enter new principal offices address, if applicable:	391 Norwich L	ane
(Principal office address MUST BE A STREET ADDRESS)	Melbrume BU	, FI 32951
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	391 Norwich L MElbourne Bec	ane ch, FL 32951
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		the name of the new
Name of New Registered Agent:		
New Registered Office Address: 391	Morwich Lane Enter Florida street address	
Melbo	City BCh., Florida_	32951
	City	Zip Code

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>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00