

L16000104179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

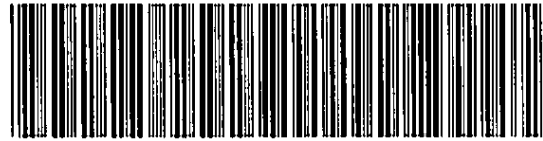
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21 JUL 19 AM 9:00
RECEIVED
FILING OFFICE

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: TRINITY INVESTMENTS USA 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:

JULIO CASTILLO VELASQUEZ

Name of Person

Firm/Company

4717 SW 33rd AVE #205

Address

DANIA BEACH, FL 33312

City/State and Zip Code

ANGELA@TAFUR.CO

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIO CASTILLO VELASQUEZ

Name of Person

305 606-0196
at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2440 1st Street
Tallahassee, FL 32310

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
21 JUL 19 AM 9:00

TRINITY INVESTMENTS USA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/27/2016 and assigned Florida document number L16000104179.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4717 SW 33rd AVE #205

(Principal office address MUST BE A STREET ADDRESS)

DANIA BEACH, FL 33312

Enter new mailing address, if applicable:

4717 SW 33rd AVE #205

(Mailing address MAY BE A POST OFFICE BOX)

DANIA BEACH, FL 33312

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CASTILLO VELASQUEZ, JULIO

New Registered Office Address:

4717 SW 33rd AVE #205

Enter Florida street address

DANIA BEACH

City

Florida 33312

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 = Manager
 AMBR = Authorized Member

21 JUL 19 AM 9:00
 OFFICE OF CONSTRUCTION

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CASTILLO VELASQUEZ, JULIO	4717 SW 33rd AVE #205	<input checked="" type="checkbox"/> Add
		DANIA BEACH, FL 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CASTILLO TAFUR, JULIO CESA	8840 Fontainebleau Blvd Apt 102	<input type="checkbox"/> Add
		MIAMI FL, 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CASTILLO, JULIO CESAR	8840 Fontainebleau Blvd Apt 102	<input type="checkbox"/> Add
		MIAMI FL, 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

21 JUL 19 AM 9:00

E. Effective date, if other than the date of filing: _____ (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.

Dated JULY 15TH _____ 2021 _____

Signature of a member or authorized representative of a member

JULIO CASTILLO VELASQUEZ

Typed or printed name of signer