To: 18506176363 From: 12143052508 Date: 12/03/19 Time: 11:54 AM Page: 01/04

12/3/2019



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRINET INVESTMENTS LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRINET INVESTMENTS LLC	₩ 050 -3 P 2 <u>#</u> 5
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now uppears on our records.)
(A Florida Lumled Ci	ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on 02/22/2019 and assigned
Florida document number L19000052920	
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabili	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
intitude dutilities with DE 11 Cost O 11 Cos Book	
75 76 31 d	the address on our records enter the name of the new
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
registered agent and/or the new registered office adoress neve	'
Name of New Registered Agent:	
New Registered Office Address:	
new registered Office Address.	Enter Florida street address
	Morida

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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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
MGR	Catherine Cecilia Quintanilla Aurich	7400 SW 50th Terrace, Suite 304	⊞ Add
		Miami, FL	
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			☐ Add
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			D ∆dd
			Remove
			FI Change

(((H190003493953))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) _ (optional) E. Effective date, if other than the date of filing: __ (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 (38b) 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 Dreemlen 3 Signature of a member or authorized representative of a member Catherine Clecilia Duirstanilla Aurich

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