## 12000044407

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## **COVER LETTER**

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SHD ILT	Trinity Mar	nagement Services of PCB, LL	C	
SUBJEC	-1i <u></u> _	nagement Services of PCB, LL  Name of Lin	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Terry Hallman		
		<del> </del>	Name of Person	
		Trinity Management Servi	ces of PCB, LLC	
			Firm/Company	
		2203 Beck Ave., Apt B8		
			Address	
		Panama City, FL 32405		
		<del>.</del>		
		lat29cindy@aol.com	to be used for future annual report noti	A continued
For fireth	ar information o	concerning this matter, please c	·	incation)
		soncerning this matter, prease c		
Terry Hallman		256 201-0159 at()		
	Name o	of Person	Area Code Daytim	ne Telephone Number
Enclosed	is a check for the	he following amount:		
□ <b>\$</b> 25.0	00 Filing Fee	Li \$30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Se	ction
Division of Corporations			Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trinity Management Sevices of PCB, 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  $\frac{02/06/2020}{1}$ and assigned Florida document number L20000044407 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 "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new reg agent and/or the new registered office address here: Terry Hallman Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

<u>Title</u>	Name	Address	Type of Action
Manager	Terry Hallman	2203 Beck Ave., Apt B8, Panama City, FL 32405	=Add
			[]Remove
			□Change
Manager	Cindy Hallman	2203 Beck Ave., Apt B8, Panama City, Fl. 32405	□Add
			<b>≡</b> Remove
			UChange
			□Add
			Remove
			□Change
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ited <u>1/9 c e /</u>	Terry ) Signature o	<u>2020</u>	. •		
	· - / 1	11/10			
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