

K21 000 367 980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

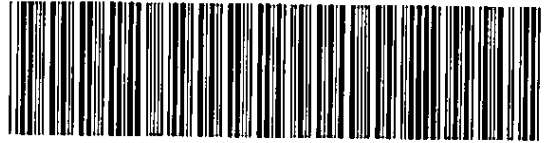
(Business Entity Name)

(Document Number)

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SEP 27 AM 7:45

OCT 04 2021

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRINITY PROPERTIES OF SW FLORIDA, 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:

JOSEPH FOURNIER  
Name of Person

FOURNIER LEGAL SERVICES, LLC  
Firm/Company

64 THOMPSON ST STE A101  
Address

EAST HAVEN CT 06513  
City/State and Zip Code

JFOURNIER@JEFLEGAL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GRACE FLINT at (860) 670-3535  
Name of Person 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  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SEP 27 AM 7:46

TRINITY PROPERTIES OF SW FLORIDA, 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 AUGUST 16, 2021 and assigned Florida document number LA1000367980.

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:

(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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*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 = Manager  
 AMBR = Authorized Member

3421 Sep 27 AM 7:45

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>JULIE LAWLOR</u>	<u>6501 SE 55<sup>th</sup> LANE</u>	<input checked="" type="checkbox"/> Add
		<u>OKEECHOBEE, FL 34974</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MBR</u>	<u>KRISTEN JUDGE</u>	<u>19 GLORIA PL</u>	<input type="checkbox"/> Add
		<u>EAST HAVEN CT 06512</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>JULIE LAWLOR</u>	<u>6501 SE 55<sup>th</sup> LANE</u>	<input type="checkbox"/> Add
		<u>OKEECHOBEE, FL 34974</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>KRISTEN JUDGE</u>	<u>19 GLORIA PL</u>	<input checked="" type="checkbox"/> Add
		<u>EAST HAVEN CT 06512</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

THE OWNER/MEMBER SHOULD BE  
JULIE LAWLOR, WITH KRISTEN JUDGE  
AS THE MANAGER.

SEP 27 AM 11:15

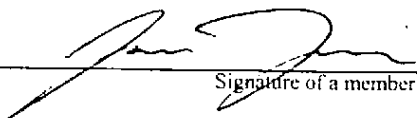
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

JOSEPH FOURNIER, FOURNIER LEGAL SERVICES  
\_\_\_\_\_  
Typed or printed name of signee