## 113000055406

(Re	questor's Name)	<del></del>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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2019 MAY 30 AM 9: 21

J. SAULSBERRY EXAMINER MAY 31 2013

## **COVER LETTER**

TO: Registration Section Section of Corporation of Corporation of Corporation (Corporation Corporation)				
SUBJECT:	Name of Limit	Senvices LLC ted Liability Company	•	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
		Name of Person  Y ONE Senvices C  Firm/Company		
	1700 ENGHS	ssy Da. #107 Address		2013 HAY 30 AM 9: 21
	West Pely	Beach, FL 3340	<u>:/</u>	30
	Georgev	Beach, FL 3340 City/State and Zip Code  Colvelle GMAIC o be used for future annual report notification	- CCM TS	AH 9
For forther information and	,	•	WIE VIEW	2
	corning this matter, please c	at ( 561) 531-3 Area Code & Daytime Tel		
Enclosed is a check for the				
\$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 end	

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 ONE	SERVICES, LLC			
(Name of the Limited Liability (A Florida	y Company as it now appears on Limited Liability Company)	our records.)	_	
The Articles of Organization for this Limited Liability of Florida document number \( \bigcup_{13000} \) 554		15/13 ar	nd assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company,"	the designation "LLC" o	r the abb	 previation
Enter new principal offices address, if applicable:		<u> </u>	2	
(Principal office address MUST BE A STREET ADD)	RESS)	<u> </u>	<u> </u>	man agent
			AY	1 !
			30	-
Enter new mailing address, if applicable:		<u> </u>	] p	
(Mailing address MAY BE A POST OFFICE BOX)			ڡؚ	
		<u></u>	2	
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:		records, enter the na	me of	the new
• •		- <del>-</del> -		
New Registered Office Address:	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title <u>Name</u> **Type of Action Address** DAVISL WOOD 145 242 58 MGCM West Bly Beach, FL. 33401 520 457 ST. MGRY Authory Londonde WAB FZ 53407 Remove Remove

f ame	nding any ofher information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	
-	
-	
_	
i	MAY 28te 2013.
	5 100
	Signature of a member or authorized representative of a member
	George V. Cornell  Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

FILED
2013 MAY 30 AM 9:21
TAIT SHARELEFT TORRIDA