Page 1 of 1



Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000212212 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number : 075350000514 Phone : (727)442-1200

Fax Number : (727)443-5829

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TRINITY BUILDING, L.L.C.

Certificate of Status	0
Certified Copy	.0
Page Count	02
Estimated Charge	\$25.00

C. LEWIS OCT - 5 2009 **EXAMINER** 

Electronic Filing Menu Corporate Filing Menu

Help

HOR 0008123133

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2009 OCT -2 AM 8: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	TRINITY BUILDING	G, L <u>.L.C.</u>			
(N)	ime of the Limited Liability Company as I (A Florida Limited Liability	y Company)	on our records.)		
The Articles of Organization	for this Limited Liability Company were t	filed on	06/13/2003	and assigned	
Florida document number	L03000021594				
This amendment is submitted	to amend the following:				
A. If amcading name, enter	the new name of the limited liability co	ompany here:			
The new name must be distingu	ishable and end with the words "Limited Lia	bility Company	y," the designation "I	LC" or the abbreviation	
Enter new principal offices	address, if applicable:				
(Principal office address MI	ST BE A STREET ADDRESS)				
Enter new mailing address,	if applicable:				
(Mailing address MAY BE A	POST OFFICE BOX)				
	ered agent and/or registered office ac new registered office address here:	idress on ou	r records, <u>enter t</u>	he name of the new	
Name of New Regis	tered Agent:				
New Registered Off	ice Address:	<del></del>			
		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 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 hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agen:

Page 1 of 2

If smeading 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 = Ma MGRM = I	mager Managing Member		
Title	<u> Маше</u>	Address	Type of Action
MGR	Nathan C. Devabose	7377 Royal Oak Drive Spring Hill, EL 34607	Add    Remove
MGRM	Mercely Devabavus	7377 Royal Oak Drive Spring Hill, FL 34607	Add Z Řemove
MGR	Mercely R. Devabavus	7377 Royal Oak Drive Spring Hill, FL 34607	Add Remove
	·		Remove
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necess	ary.)
Dated	Signature of the	20090	FILED  2009 OCT -2 AM \$: 13  SECRETARY OF STATE TALLAHASSEE, FLORIDA
	ALAN S. GASSMA	N, AUTHORIZED REPRESENTATIVE	
	Tv	ped or printed name of signer	

Page 2 of 2

Filing Fee: \$25.00