## LD400078220

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Registration Sectorial Division of Corp			
SUBJECT:	Del V Cus	STOMS LLC  ted Liability Company	
	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	DENNIS	Name of Person	<del></del>
	TRINITY	CARPENTRY Firm/Company	LLC
		PD ST. SW Address	
	NAPLES,	PL. 3417 City/State and Zip Code	- · · · · · · · · · · · · · · · · · · ·
	TRINITY CA E-mail/address: (to	City/State and Zip Code  RPENTRY Con o be used for future armual report notific	ICAST. NGT
For further information co	ncerning this matter, please ca		
DENNIS Name of	Tome	at ( 239 ) 877 Area Code Daytime T	-9814 Celephone Number
Enclosed is a check for the	e 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



July 13, 2015

DENNIS TOME 2141 23RD ST. SW NAPLES, FL 34117

SUBJECT: TRINITY CARPENTRY, LLC

Ref. Number: L04000078220

We have received your document for TRINITY CARPENTRY, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 815A00014612

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TRINITY CARPENTE	ey UC	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	in√as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company		2004 and assigned
Florida document number <u>L04-000078-2</u> 2	0	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  The new name must be distinguishable and contain the words "Limited Liabi		
	ity Company," the designation "LLC" of	or the appreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	MA	<u> </u>
Enter new mailing address, if applicable:		JUL 17
(Mailing address MAY BE A POST OFFICE BOX)	NI/A	PH 2:58
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	City , FIOT	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 = Ma AMBR = Au	nnager nthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	VINCENTM. Tomé	2141 23RD ST. SW	Ø-Add
		2141 2320 ST. SW NAPUES, FL 34117	□ Remove
	ر	<del></del>	Change
MGR	PATRICIA TOMÉ	<u> </u>	Add
		<del></del>	Remove
		4-548-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	D <b>E</b> hange
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Page 3 of 3

Filing Fee: \$25.00