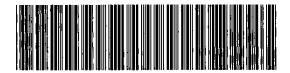
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(Re	questor's Name)	_
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D. BRUCE

NOV **5** 2010

EXAMINER

COVER LETTER

то:	Registration S Division of Co				
SUBJEC	CT:	Trinidad	Properties, LLC		
50202			ted Liability Company		
The encl	osed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all corresp	ondence concerning this matter	to the following:		
	Terry Ooten			_	
Name of Person					
Trinidad Properties, LLC					
	Firm/Company				_
	6420 Thomasville Road		**************************************		
	Address				10 N
	Tallahassee, FL 32312				I - I L
	City/State and Zip Code				Ēυ';' t
		t mail address (erry@trademark.net to be used for future annual repor	4 4 ! C 4 !	
For furth	ner information	concerning this matter, please of		t notification)	D STATE A
		Terry Ooten	at (_850)	545-4554	
	Name	of Person	Area Code & D	aytime Telephone Numb	er
Enclosed	d is a check for	the following amount:			
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certific	iling Fee, care of Status & ed Copy onal copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration S Division of C Clifton Build	Corporations ing ve Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	rinidad Propertie	es, LLC	ears on our records)		
(Name of the Limited (A	Florida Limited Liability	Company	y)		
The Articles of Organization for this Limited Lia Florida document number L05000024	filed on _	03/11/2005	and assigned		
This amendment is submitted to amend the follo A. If amending name, enter the new name of	_	ompany l	here:		
The new name must be distinguishable and end with "L.L.C."				LLC" or the abbreviation	
Enter new principal offices address, if applica	ıble:				
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A B. If amending the registered agent and/or the new registered of	or registered office a			She name of the new	
Name of New Registered Agent:	Timothy Padgett				
New Registered Office Address:	2878 Remington Green Circle Enter Florida street address				
	Tallah	assee	, Florida	32308 Zip Code	
New Registered Agent's Signature, if changing I	Registered Agent:				
I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as regi- being filed to merely reflect a change in the company has been notified in writing of this	roper and complete p stered agent as provi registered office addi change.	performation ded for it eass, I her	nce of my duties, dnd I n Chapter 608, F/S. Or reby confirm that the li	am familiar with and if this document is inited liability	
	If Changing	Registered	Agent, Signature of New R	legistered 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 Name Address Type of Action** MGR Steve Mattox P.O. Box 4164 ✓ Add Tallahassee, FL 32315 Remove ☐ Add ☐ Remove ☐ Remove Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated November Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00