# 107000077075

(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
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2017 MAR -6 PM 2: 43

K. SALY MAR - 7 2017

# **COVER LETTER**

TO:		istration Sec sion of Corp		ŕ	· ·
SUBJEC	<b>ሮ</b> ፐ•	TRINIDAD	PROPERTY HOLDINGS LI	.c	
SCBIE	<b>.</b>		Name of Lim	ited Liability Company	
The encl	losed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspon	dence concerning this matter	to the following:	
			JUANA M GUTIERREZ		
				Name of Person	<del></del>
			TRINIDAD PROPERTY	HOLDINGS LLC	
				Firm/Company	
			1993 SW 155 AVENUE		
				Address	
			MIAMI, FLORIDA 33185		
				City/State and Zip Code	***************************************
			juanamgutierrez@bellsouth		
			E-mail address: (	to be used for future annual repo	rt notification)
For furth	er in	formation cor	ncerning this matter, please ca	all:	
JUANA	M C	UTIERREZ		305 298-68	61
		Name of I	Person		aytime Telephone Number
Enclosed	d is a	check for the	following amount:	·	
\$25.0	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	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

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

F	LED
	_
SECHETARY ALLAHASSE	6 PM 2:43
"ASSE	E. FLORIE

TRINIDAD PROPERTY HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		CE. FLORIDE
The Articles of Organization for this Limited Liability Co	ompany were filed on 07/26/2007	and assigned
Florida document number L07000077075	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, ress here:	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Flori	
	City	Zip Code
New Registered Agent's Signature, if changing Registered	A gent	

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	GIANCARLO O CARDENAS	1993 SW 155 AVENUE	dd
		MIAMI, FL 33185	□ Remove
			Change
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and ca	annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 et the applicable statutory filing requirements, this date will not be listed
ument's effective date on the Department of Stat	
record specifies a delayed effective dat he 90th day after the record is filed.	te, but not an effective time, at 12:01 a.m. on the earlier
$\frac{229}{2}$	2017
(XCuting)	
House	mber or authorized representative of a member  Gutrenez AMBA  yped or printed name of signee

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Filing Fee: \$25.00