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EXAMINER



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SECRETARY OF STATE
TALLAHASSEEF FROM

## **COVER LETTER**

TO:	Registration Sect Division of Corpo			·		
SUBJE	CT:	TR	EX 1 LLC			
			ted Liability Company			
		mendment and fee(s) are sub	-			
	<b>-</b>					
	GEORGI FESHEV					
			Name of Person			
TREX 1 LLC						
	Firm/Company					
			WILSHIRE BLVD # Address	100		
CASSELBERRY FL 32707						
						City/State and Zip Code
		E-mail address: (1	trexllc@gmail.com o be used for future annual rep	port notification)		
For furth	her information con	cerning this matter, please c	all:			
	GEOR	GI FESHEV	at (_407_)	718 5753		
	Name of P		Area Code &	& Daytime Telephone Nu	umber	
Enclose	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 a	Cer enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)	
		G ADDRESS: on Section	STREET/ Registratio	COURIER ADDRES	SS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TREX 1 LLC		
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) impany)	
The Articles of Organization for this Limited Liability Company were filed Florida document numberL0800005418		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	oany here:	
The new name must be distinguishable and end with the words "Limited Liabilit" L.L.C."	y Company," the designation	n "LLC" or the abbreviatio
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)		- <del> </del>
		- <del>}</del>
		TAR ASS
Enter new mailing address, if applicable:		<u>m</u> ≺
(Mailing address MAY BE A POST OFFICE BOX)		, p 2
B. If amending the registered agent and/or registered office addressered agent and/or the new registered office address here:	ess on our records, <u>ente</u>	Pri ω er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street d	nddress
	, 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 <u>Title</u> <u>Name</u> **Address Type of Action** MGRM **VENELIN MARINOV** 360 WILSHIRE BLVD CASSELBERR¥ □ Add Remove ☐ Remove □ Add Remove ∏ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 7 OCTOBER Dated \_\_\_\_ Signature of a member or authorized representative of a member MGRM Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00