## 108000097750

•					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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SECRETARY OF STATE

M. THOMAS

OCT 3 0 2008

EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co	Section orporations	·			
SUBJECT:	Trinity Managen	nent Services, LLC		1	0
		nited Liability Company)		·	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Rhonda Keebler			
		(Name of Person)			
	Trir	nity Management Services, LLC			
		(Firm/Company)			
	12	211 Florida Avenue, Suite C			
		(Address)			
		St. Cloud, FL 34769			
		(City/State and Zip Code)		Ea	E,
For further information	concerning this matter, please of	call:		CHEIMS	99 OCT 29
Rhonda Keebler		at ( 407 ) 873-5737		HE FLO	
(Name	of Person)	(Area Code & Daytime 1	elephone Number)	E STATE	AM 11:54
Enclosed is a check for	the following amount:				<b>44</b> .
□ \$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of S Certified Copy	itatus &	

**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

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(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRINITY MANAGEMENT					
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	<del></del>			
The Articles of Organization for this Limited Liability Co	ompany were filed on October 16, 2008	and assigned			
Florida document number L08000097750	_•				
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:				
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation	"LLC" or the abbreviation			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRI	ESS)				
	· · · · · · · · · · · · · · · · · · ·	<del>- 26 3</del>			
Enter new mailing address, if applicable:		007 2 130-24-24 130-24-24-24-24-24-24-24-24-24-24-24-24-24-			
(Mailing address MAY BE A POST OFFICE BOX)		79 P			
B. If amending the registered agent and/or registe	ered office address on our records, enter	the name of the new			
registered agent and/or the new registered office addre	ess here:				
Name of New Registered Agent:					
New Registered Office Address:					
	(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 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
			Add
MGR	Jackie A. Bridgewater	221 Pelican Court Kissimmee, FL 34743	▲ Add Remove
			Add Remove
		_	Add
			Add Remove
			OCT 29
			iżćinove
	nding any other information, enter ow have EIN for business; please re	change(s) here: (Attach additional sheets, if necessary.)	AH II: 54 OF STATE FLORIDA
		Record for Trinity Management Services, LLC	_
<u>T</u>	hank you.		
_		4444.00	<del>-</del>
Dated Octo	ober 27 ,	2008 .	_
	Signature of a n	ndd Killight nember or authorized representative of a member	<del></del>
	Digitalio Of a II	Rhonda Keebler	
		Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00