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	(Request	ors Name)		
	(Address)			
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	(City/State	e/Zip/Phon	e #)	
PICK-U	- <u></u>	WAIT		MAIL
	45			:
	(Business	s Entity Nar	ne)	· ;
	(Docume	nt Number)		
Certified Copies		Certificates	s of Statu	s
Special Instructions	s to Filing	Officer:		•

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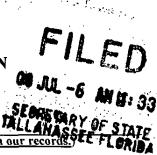
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FILED SALES MIN 33

COVER LETTER

	ation Section of Corporations					
SUBJECT:	TRIMUNDO LLC					
SOBILET.	Name of Limited Liability Company					
The enclosed Art	icles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:						
	PERMANANO SINGH Name of Person					
	Name of Person					
	TRINICADO Firm/Company					
Firm/Company						
	15840 OLD RIEDGEWARD CT					
15840 OLD WEDGEWOOD CT Address						
	FORT MYERS PL 33908					
	FORT 194 FL 33908 City/State and Zip Code					
	E-mail address: (to be used for future annual report notification)					
For further inform	nation concerning this matter, please call:					
	•					
PERM	Name of Person at (239) 247 - 1606 Area Code & Daytime Telephone Number					
	Name of Person Area Code & Daytime Telephone Number					
_	ck for the following amount:					
\$25.00 Filing	Fee \$\int_\$30.00 Filing Fee & \$\int_\$\$55.00 Filing Fee & \$\int_\$60.00 Filing Fee, Certificate of Status & \$\int_\$					
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)					
	MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section					
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building					
Programme S	Tallahassee, FL 32314 2661 Executive Center Circle					
	Tallahassee, FL 32301					
	·					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TRIMUMDO LLC

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

The Articles of Organization for this Limited Liabil	lity Company were filed on	01/28/2009	_ and assigned	
Florida document number	47.	, ,		
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company he	ere:		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Com	pany," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
	<u></u> .			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the	name of the new	
registered agent and/or the new registered office	e address nere.			
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 of Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> Name | Address **Type of Action** STEPHEN BELOF MERM Remove _ Add Remove Remove □Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary JUNE 20th . 2009 Signature of a member or authorized representative of a member PERMANAND SINGH Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00