## 109000025572

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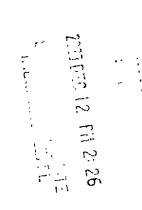
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## **COVER LETTER**

TO:

Registration Section

Division of Corp	porations		•	-
	w Firm, P.L.		•	•
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
·	-			
	Brett B. Trembly, Esq.			
		Name of Person		
	Trembly Law Firm			
		Firm/Company		
	9700 S. Dixie Highway, Pl	4 1100		
		Address		
Name of Person  Trembly Law Firm  Firm/Company  9700 S. Dixie Highway, PH 1100				
		City/State and Zip Code		
		to be used for future annual report not	ification)	
For further information c				F-3
Rachel Abreu				20123203
Name o	f Person		ne Telephone Number	; S
Enclosed is a check for the	ne following amount:			11 2: 25
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ling Fee. '' e of Status &
Mailing Address Registration	Section	Street Address: Registration Se		
Division of C P.O. Box 632	=	Division of Co The Centre of		
Tallahassee,			oe Street, Suite 8	10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trembly Law Firm, P.L.	Garage and a superior of the s	
( <u>Name of the Limited Liability</u> ) (A Florida Li	Company as it now appears on our records imited Liability Company)	<u>:</u> /
The Articles of Organization for this Limited Liability Cor	npany were filed on 03/16/2009	and assigned
Florida document number L09000025572		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		, IV)
B. If amending the registered agent and/or registered	office address on our records, enter	
agent and/or the new registered office address here:		54 5 - 19
Name of New Registered Agent:		
New Registered Office Address:	n et it i i i	
	Enter Florida street addres.	ÿ
		orida Zip Code
	City	гір сілис

## 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 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 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
MGRM	Brett B. Trembly	9700 S. Dixie Highway, PH 1100	□Add
		Miami, FL 33156	<b>≡</b> Remove
			□Change
MGR	TRC Managers, LLC	9700 S. Dixie Highway, PH 1100	<b>≣</b> Add
		Miami, FL 33156	□Remove
			□Change
			□Add
			Remove
			Change
			—————————————————————————————————————
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fan effective date	is listed, the date must e inserted in this blo	be specific and	l cannot be pric	or to date of tili	ing or more that	n 90 days after f	iling.) Pursuant	to 6 <b>05</b> ,020
	ctive date on the De				ry ming requ	nements, this		
							r	2: 26
record specifies d is filed.	s a delayed effective	date, but not	an effective	time, at 12:0	l a.m. on the	earlier of: (b)	The 90th da	y after the
Decembe	r 5		2023	า				
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		~		1 /				
		Signature of a s	nember or aut	horized repres	entative of a me	ember		