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(Business Entity Name)

(Document Number)

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14 MAR 27 AH 10:04  
STENOGRAPHIC & STAFF  
TALLAHASSEE, FLORIDA

APR - 1 2014

**T. BROWN**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Trizel Asset Services, LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlos Chialastri

Name of Person

Trizel Asset Services, LLC.

Firm/Company

2460 SW 22nd Street, 1st Floor

Address

Miami, FL 33145

City/State and Zip Code

Service@trizelcre.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Niki Naranjo

Name of Person

at 305 441-0040

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
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

FILED  
14 MAR 27 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Records.)

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jose Valle	8295 SW 85th Terr	<input type="checkbox"/> Add
		Miami, Fl 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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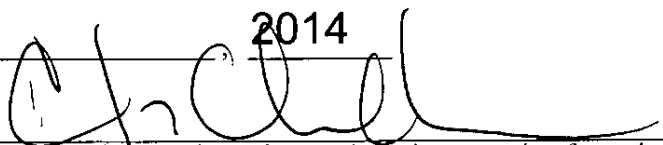
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **March 18** **2014**



Signature of a member or authorized representative of a member

**Carlos Chialastri**

Typed or printed name of signee