L09000049023

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SECRETARY OF STATE

J. BRYAN

FEB 2 4 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	CT:	Trigilo	d Florida LLC		
SCERE			ited Liability Company	,	
The end	closed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please 1	return all corresp	ondence concerning this matter	r to the following:	SECO F	
			Kelley A. McLaren	EB 23 AHASSI	
			Name of Person		
			Trigild Florida LLC		
			Firm/Company	AMII: 32 OF STATE E. FLORID	
12707 High Bluff Drive, Suite 300				7	
	Address San Diego, CA 92130				
			City/State and Zip Code		
		E-mail address:	kelleym@trigild.com (to be used for future annual report no	ification)	
For furt	ther information	concerning this matter, please			
	Kell	ey A. McLaren	at (_858_)	720-6721	
	Name	of Person	Area Code & Dayti	me Telephone Number	
Enclose	ed 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
,	Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trigild Florida LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 05/19/2009 The Articles of Organization for this Limited Liability Company were filed on L09000049023 Florida document number ___ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLO or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	William J. Hoffman	12707 High Bluff Dr., Ste. 300 San Diego, CA 92130	Add Remove
MGR	Judy Hoffman	12707 High Bluff Dr., Ste. 300 San Diego, CA 92130	☐ Add ✓ Remove
MGR_	Exoro LLC	12707 High Bluff Dr., Ste. 300 San Diego, CA 92130	✓ Add Remove
MGRM_	William J. Hoffman	12707 High Bluff Dr., Ste. 300 San Diego, CA 92130	Add Remove
<u>MGRM</u>	Judy Hoffman	12707 High Bluff Dr., Ste. 300 San Diego, CA 92130	
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessar	Add Remove
		·	
			10 FEB 2
Dated	February 18 ,	2010 . F. ORIO	LED 3 AMII: 3
	Signature of a r	member or authorized representative of a member William J. Hoffman	N
		Typed or printed name of signee	

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Filing Fee: \$25.00