

L10000109039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Am

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trishas Professional 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:

Patricia Smith

Name of Person

Firm/Company

9601 Bahia Road

Address

Ocala FL 34472

City/State and Zip Code

Trisha0809@gmail.com

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

For further information concerning this matter, please call:

Patricia Smith

Name of Person

at 904 303 - 6457

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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

The Articles of Organization for this Limited Liability Company were filed on May 01st 2013 and assigned Florida document number L10000109039.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

Enter Florida street address

City, Florida 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.

N/A
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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Amber Fisher	91021 Bahia Rd	<input type="checkbox"/> Add
		Ocala Fl 34472	<input checked="" type="checkbox"/> Remove
MGRM	Alexsandra Orozco	91021 Bahia Rd	<input type="checkbox"/> Add
		Ocala Fl 34472	<input checked="" type="checkbox"/> Remove
MGRM	Miranda Vanlew	554 NE 23rd Circle #4	<input checked="" type="checkbox"/> Add
		Ocala Fl 34470	<input type="checkbox"/> Remove
MGRM	Trudy Kash	5711 SE 30th Ct	<input checked="" type="checkbox"/> Add
		Ocala Fl 34480	<input type="checkbox"/> Remove
MGRM	Patricia Arellano	5641 SE 23rd Lane	<input checked="" type="checkbox"/> Add
		Ocala Fl 34480	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated September 10th, 2013



Signature of a member or authorized representative of a member

Patricie Smith

Typed or printed name of signee

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Filing Fee: \$25.00

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