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(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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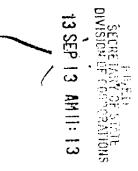
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COVER LETTER

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 Bahla Proach
Ocalo Fl 34472 City/State and Zip Code
Trisha 0809 & Comail - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Patricia Smith at 904 303 - 6457 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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 Com (A Florida Limited	pany as it now appears on our records.) ad Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number 1000109039	any were filed on May Olst 2013 and assigned
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Company," the designation "LLC" or 1. aber iation
Enter new principal offices address, if applicable:	\mathcal{A}
(Principal office address MUST BE A STREET ADDRESS)	SECRE DIVISION 13 SEP
Enter new mailing address, if applicable:	- 3 PARE
(Mailing address MAY BE A POST OFFICE BOX)	10/A = 3/2 =
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>enter the name of the new</u> here:
Name of New Registered Agent:	11/1
New Registered Office Address:	
	Enter Florida street address
 	, Florida
N N 14 FA A ST. A	City Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:
I hereby accept the appointment as registered agent and a	agree to act in this capacity. I further agree to comply with

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
MGRIN	Amber Fisher	91021 Bahia Rd	Add
		Ocala F1 34472	i Remove
.00	_		
MGRM	alexsandra orozeo	91021 Bahia Rd	Add.
		Ocala R1 34472	Remove
			 — S□
MGRM	Mikanda Kanlew	554 NE 231d Circle#	7,424 S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.
		Ocala F1 34470	ARY OF S
MBRM	Trudy Kash	5711 5E30h Ct	_ Add
		Ocala F1 34480	Remove
norm	Patricia arellano	5641 SE 23rd Rane	Add
		Ocula F1 34480	Remove
			
			Add
			Remove
			_

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
Dated _s	Seplember 10th, 2013.
Jated _s	september 10, 2012.
	Signature of a member or authorized representative of a member
	Patricie Smith
	Typed or printed name of signee
	· · · · · · · · · · · · · · · · · · ·

Page 3 of 3

Filing Fee: \$25.00

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