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AND AHARSSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 13, 2018

ANTONIA LEWIS 1540 NW 154 ST OPA-LOCKA, FL 33054

SUBJECT: TRINI STYLES LLC Ref. Number: L10000121931

We have received your document for TRINI STYLES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation? "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, it your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 018A00003005

RECEIVED

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Trini Styles 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:
Chitchia Lewis Name of Person Trini Styles L.L.C
1540 no 154 Street Address
City/State and Zip Code Of-mail address) (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call: (Intrinc Leggis Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square \\$30.00 Filing Fee & Certificate of Status \$\square \text{Certified Copy} \\ (additional copy is enclosed)\$\$ \$60.00 Filing Fee, Certified to 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

Trini Styles	s h.L.C.	
(Name of the Limited I	Liability Company as it now appears on our reflorida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabi	lity Company were filed on <u>11/2</u> 1	12010 and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of the North Rolling The new name must be distinguishable and contain the words	as bic	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		23.
Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	FE T
D. If omending the registered egent and/on	reciptance office address on our ma	EB 2b
B. If amending the registered agent and/or registered agent and/or the new registered office	e address here:	0.55 E
Name of New Registered Agent:		30 ADA
New Registered Office Address:	Enter Florida street o	address
_		_, Florida
	City	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 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 Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	lanager Luthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Effective date,	if other than the	e date of fili	ing:	* . 1	C11	(op	tional)		
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Filing Fee: \$25.00