#L/100059966

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SECONDARY OF STATE
AND ASSEE, FLORIDA

K.SALY EXAMINER OCT 15 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECTS

TRINITY SEPTIC 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:

Julia Greenberg-Aguilar

Name of Person

MyUSAcorporation.com

Firm/Company

40 Exchange Place, Suite 1301

Address

New York, NY 10005

City/State and Zip Code

j.seagraves@yahoo.com

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

For further information concerning this matter, please call:

Julia Greenberg-Aguilar

,,877、330-2677

Name of Person

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 ARTICLES OF ORGANIZATION **OF**

13 OCT IS	
13 OCT 15 PH 4: 06 TALLAHASSEE, FLORIDA	
SEE, FLORIDA	

TRINITY SEPTIC SERVICES LLC

(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 05/2	20/2011	and assigned
Florida document number L11000059966	.		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here	ž:	
TRINITY INSURANCE GROUP LLC			
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Compar	ny," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		ur records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	er Florida street addre	rss
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registe	red 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.

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 = I	Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			<u> </u>
			Remove
·			Add
			Remove
			Add
			Remove
			Add
			Add Remove
			Add
			Remove

. If amending any other informa	ation, enter change(s) here: (Attach additional sheets,	if necessary.)
ated October, 4	2013	
	James Sougravis	
Sig	gnature of a member or authorized representative of a memb	er
JAMES SEAGI	RAVES	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00