## L110000081596

(Requestor's Name)				
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2011 AUG -9 AM 8: 35
SECRETARY OF STATE
TALLAHASSEE, FI ORIDA

J. SAULSBERRY EXAMPLER AUG 1 0 2011

## **COVER LETTER**

то:	Registration S Division of Co	ection rporations		
SUBJECT: TRIMF			JND.COM, LLC	
5020.		Name of Lim	ited Liability Company	<del></del>
The en	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
LOREN GLOTZBACH  Name of Person				·
		Ţ	RIMFUND.COM, LLC	
		**************************************	Firm/Company	· · · · · · · · · · · · · · · · · · ·
2315 PRIME CIR UNIT B Address			Z011 AUG: SECRETA TALLAHA	
		K	ISSIMMEE, FL 34746	AUG-9 AM 8 RETARY OF ST AHASSEE, FLO
			City/State and Zip Code	
		LOF	REN@TRIMFUND.COM to be used for future annual report notification)	AM 8: 35 OF STATE E. FLORIDA
For fur	ther information of	concerning this matter, please	•	STATE LORIDA
		N GLOTZBACH	at (_321 ) 437-6007	
	Name o	of Person	Area Code & Daytime Telephone N	/umber
Enclos	ed is a check for t	he following amount:		
<b>□</b> \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	00 Filing Fee, rtificate of Status & rtified Copy Iditional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TRIMFUND.COM	1, LLC				
<u></u>	ame of the Limited Liability Company as it (A Florida Limited Liability	now appears Company)	on our records.)			
_	for this Limited Liability Company were fi	iled on	07/15/2011	and a	assigne	d
Florida document number _	L11000081596					
This amendment is submitte	d to amend the following:					
A. If amending name, ente	er the new name of the limited liability co	mpany here:				
The new name must be disting	uishable and end with the words "Limited Liab	oility Company	," the designation "I	LC" or th		viation
L.D.C.				₽s	2911	
Enter new principal offices	address, if applicable:			<u> </u>		
(Principal office address M	UST BE A STREET ADDRESS)			ETARY HASSE	<u> </u>	
				SSE	9	
				<u> </u>	3	П
T	** No I. I			FLOR	œ	
Enter new mailing address, if applicable:					ယ	
(Mailing address MAY BE)	A POST OFFICE BOX)		···	<u> </u>	വ	<del></del>
	stered agent and/or registered office ad new registered office address here:	dress on our	records, <u>enter (</u>	<u>he name</u>	of the	e new
Name of New Reg	stered Agent:		<u> </u>			
New Registered Of	fice Address:	•			<del></del>	
	Enter Florida street address					
			, Florida			
	City			Zip Co	de	

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.

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:

Ĺ

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> **Type of Action MGRM** VICTOR RUSER 2315 PRIME CIRCLE, UNIT B ☐ Add KISSIMMEE FL 34746 US 🔽 Remove ☐ Add Remove ∏ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

| Attach additional sheets, if necessary.) | TALLA HASSEE | ATTACH | AT AM 8: 2011 8-05 Dated\_ Signature of a member or authorized representative of a member LOREN GLOTZBACH, MGRM Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00