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DIVISION OF CORPORATIONS

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FEB 1 3 2012 T. HAMPTON

COVER LETTER

TO: Registration Division of C		. .		
SUBJECT:	Trinity	Services I, LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
		Lori Morrow		
		Name of Person		
Compass Group USA, Inc.				
		Firm/Company		
		2400 Yorkmont Road		
		Address		
		Charlotte, NC 28217		
		City/State and Zip Code		
	patty E-mail address: (1	carpenter@compass-usa.com to be used for future annual report notific	ation)	
For further information	concerning this matter, please c	•		
W	Lori Morrow		328-7664	
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

, B -

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	rinity Services I, LLC			
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appear a Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	8/16/2011	and assigned SECRET	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the lin	mited liability company here	<u>ę</u> :	TARY OF SIV	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compar	ny," the designation "Ll	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADL	ORESS)	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ur records, <u>enter th</u>	e name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street 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 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 = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Compass Group USA, Inc.	2400 Yorkmont Road Charlotte, NC 28217	Add ⊠ Remove
MGRM	Trinity Services Group, Inc.	2400 Yorkmont Road Charlotte, NC 28217	_X Add ☐ Remove
			Add Remove
D. If ame	ending any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	SEGRETARY OF COMPOSITION OF COMPOSIT
 Dated	Feb. 10	2012	FSIME FORATIONS
	Richa	mber or authorized representative of a member ard J. Rossitch, Assistant Secretary yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00