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## COVERLETTER

TO: Registration Section Division of Corporations			
La Trinidad LLC SUBJECT: Name of Limi	ited Liability Com	any	<del></del>
The enclosed Articles of Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspondence concerning this matter t	to the following:		
Gustavo E. Tur			
· - · · · ·	Name of Pe	rson	•
LA TRIVIDA	Ad LLC	any	<del></del>
17252 NW			<del></del>
Hickory			
GUSTAUSTU E-mail address. (6	on the used for future	E. COM	tication)
For further information concerning this matter, please ca			
Gustavo E. Tur	70	6,486-	4443
Name of Person	Area (	ode Daytim	e Telephone Number
Enclosed is a check for the following amount:			
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fil Certified (additional		■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclused)
MAH.ING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Inflahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

La Trinidad LLC

(Name of the Limited Liability Company (A Florida Longed Uni	as it now appears b his Company)	s on our reei	irds.)	<del></del>	
The Articles of Organization for this Limited Liability Company w Florida document number	rere filed on12	2/07/2011	. <del> </del>	_ and assigne	d
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ty company he	<u>re</u> :			
The new name must be distinguishable and contain the words "Limited Liability	Company," the de	esignation "U	LC" or the abbrev	viation "L.1.,C."	<del></del>
Enter new principal offices address, if applicable:	17252	12 W	60 CT	··-	
(Principal office address MUST BE A STREET ADDRESS)	17252 Hinley	1, FC	3301)	————————————————————————————————————	X-CC
				A.	——ÀŘ Z 38.1 Z 198.1
Enter new mailing address, if applicable:	17252	ww	60 CT	6	SSE SSE
(Mailing address MAY BE A POST OFFICE BOX)	Hickea	4, F	33011	PR 5	 
			·		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on	our reco	rds, <u>enter the</u>	name of t	he new
Name of New Registered Agent:		<del></del>			<u>-</u> _
New Registered Office Address:	<u> </u>				
	Enter Flor	ida street ada	lress		
	City -	,	Florida	Zip Code	<del></del>
New Registered Agent's Signature, if changing Registered Agent:				·	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of ovided for in C	my duties, Japter 60	and Lam fam 5, F.S. Or, if i	iliar with ar his docume	ıd
if Chang	ing Registered Ag	ent, <u>Signatu</u>	re of New Regist	ered Agent	

MGR = M	from our records: . lanager		
	uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR - —	Carvajal, Deyanira		Add
			■ Remove
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D. If amending any other information, enter change(s) here: Attach additional sheets, if necessary.)
JAN 16
<b>6</b>
7
F. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.
Dated December 29 2017
Signature of a member or authorized representative of a member
Gustavo E. TUR
Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00