# 11200018018

<u> </u>
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  Gave Permission to  Correct M&r Nume

Office Use Only



300317579553

08/29/18--01021--005 ++30.00

DIVISION OF CORPORATION

18 AUG 29 AM 8: 83

AM 8: 33

N COOPER SEP 0 6 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Trinity Day Spa 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:
Jaymati Rashanduh Weaver
Trinity Day Spa LLC
314 East afred St.
TOVARES, FL 32778  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jaymati Wlaver at 352, 449-2075  Name of Person Daytime Telephone Number
They code Payante Petephone Name
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\sim \frac{1}{2}\$30.00 Filing Fee & Certificate of Status \$\frac{1}{2}\$Certificate of Status \$\frac{1}{2}\$Certified Copy (additional copy is enclosed) \$\frac{1}{2}\$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

18 AUG 29	SECRETARY OF GRAINONS
呈	- 함투~
တ္	22
AM 8: 33	10 H

Trinity Day Sp	a uc
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 45-8017-050422-	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  Trining Spart L.C.  The new name must be distinguishable and contain the words "Limited Liabi  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
	Afred St Enter Florida street address
T3.6	N/05 F1 20778

#### 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 Clanging Begistered 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 =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	<b>Type of Action</b>
MGR	Jaymati RashanDuh	314 & Alfred Street	Add
	weaver	Tavares, FL 32778	Propose
			Change
			□ Add
			Remove
			☐ Change
			Remove
			Change
			Add
			Remove
			Change
			🗆 Add
			Remove
			☐ Change
	<del></del>		
			□ Remove
			□ Change

							-
							_
-		<u></u>					_
							_
	<del></del>				<u> </u>		<del></del>
							<del></del>
							_
							_ 
		·	············			IB AUG	-SECE
							도유 도유구
						9 A	4803 4803
		<del></del>				<u> </u>	(영화 - <b>전</b>
					·	ယ	_ <u>15</u>
							_
							_
ective date, if othe	er than the date of fi	iling: 8/22	, ,	(	optional)		_
te: If the date insert	, the date must be specific ed in this block does nate on the Department	ot meet the applica	able statutory filir	nore than 90 days ng requirements	after filing.) Pur , this date will	suant to 60 not be lis	05,0201 sted as
	a delayed effectiver the record is file		t an effective	time, at 12:	01 a.m. on t	:he earl	lier o
ed 8/ 20	2/13	_·	<u> </u>				
	$\bigcirc$	1 -1 E	) 1,100				
	y gnature o	Matt   ka member or author   Ymati   Typed or printe	orized representative	e of a member	<del></del> -		

Page 3 of 3

Filing Fee: \$25.00

INSTRUMENT#: 2018096632 OR BK 5156 PG 1436 PAGES: 1 8/20/2018 9:46:50 AM GARY J. COONEY, CLERK OF THE CIRCUIT COURT & COMPTROLLER, LAKE COUNTY, FLORIDA REC FEES: \$0.00

Filing # 76466188 E-Filed 08/15/2018 10:45:19 AM

# IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT, IN AND FOR LAKE COUNTY, FLORIDA

Case No.: 2018 DR 1622 Division: HD

IN RE: THE NAME CHANGE OF

JESSICA SMITH WEAVER,

Petitioner.

### FINAL JUDGMENT OF CHANGE OF NAME (ADULT)

THIS CAUSE came before the Court for a hearing on Petition for Change of Name (Adult) under section 68.07, present at the hearing \_\_\_\_\_ Petitioner, Florida Statutes, and it appearing to the Court that:

- 1. Petitioner is a bona fide resident of Lake County, Florida;
- 2. Petitioner's request is not for any ulterior or illegal purpose; and
- 3. Granting this petition will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise; it is

ORDERED that Petitioner's present name, is changed to JAYMATI RASHANDUH WEAVER, by which the Petitioner shall hereafter be known.

DONE AND ORDERED in Court, in Tavares, Lake County, FL on August 14, 2018.

HEIDI DAVIS, CIRCUIT JUDGE

I certify that a copy of the FINAL JUDGMENT OF CHANGE OF NAME (ADULT) was ( ) mailed ( ) faxed and malled ( ) e-mailed ( X ) hand-delivered to the party(les) listed below on February 10, 2017.

Family Court Case Manager

Jessica Weaver, 77 W. Seminole Avenue, Eustis, FL 32726