

L120000099293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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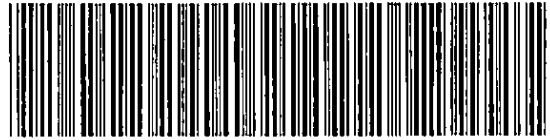
(Business Entity Name)

(Document Number)

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10/16/19--01002--003 **400.00

23 OCT 16 AM 10:16

2019 OCT 16 10:16:26

OCT 17 2019
M. SOLOMON

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED AMENDMENT FOR:

TREPID37, LLC

PLEASE RETURN A STAMPED COPY

CHECK# 8418 FOR: \$400.00 (\$25.00 for this filing)

THANK YOU!

1 * 2 3

TREPID37, LLC

Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

4

CARLOS GARCIA P.A

500 SOUTH DIXIE HIGHWAY SUITE 202

CORAL GABLES, FL 33146

CARLOS@CGPALAW.COM

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

CARLOS GARCIA

at ()

Area Code

Area Code Daytime Telephone Number

\$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
TO
ARTICLES OF ORGANIZATION
OF**

TREPID37, 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 08/01/2012 and assigned
Florida document number L12000099293.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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 Changing Registered 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>	<u>Address</u>	<u>Type of Action</u>
MGR	LUIS A. IREGUI	500 S. Dixie Highway Suite 202 Coral Gables, FL 33146	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OSCAR BJARNER ICAZA	Urbanización Mocoli Golf Club, Edificio Golf 102A . Apt 301.	<input checked="" type="checkbox"/> Add
		Samborondon, Ecuador.	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IVAN GAROFALO	Urbanización Laguna del Sol, Mz. J, Villa 17, Km 8 Via	<input checked="" type="checkbox"/> Add
		Puntilla -Samborondon, Ecuador	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ERNESTO A. ESTRADA	Plaza Lagos Town Center, Edificio Exedra, Piso 2, Km. 6.8	<input checked="" type="checkbox"/> Add
		Puntilla -Samborondon, Ecuador	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[The page contains faint horizontal ruling lines.]

202:1144 91 100 5492

10/15/2019

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (optional)
(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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 October 15, 2019

Signature of a member or authorized representative of a member

Carlos Garcia

Typed or printed name of signee