# 13000021519

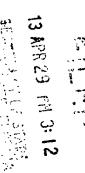
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### **COVER LETTER**

TO: Registration Section Division of Corporations  SUBJECT: Trividad Service Repair 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:
Rosevelt Trividad Name of Person
Firm/Company
1195. lauber way
Tampa F1. 33609 City/State and Zip Code
Yoscver+trinidad@gmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Roseveit trinidad at (727) 564 0280 (Spanish Name of Person Area Code & Daytime Telephone Number Pieuse
Enclosed is a check for the following amount:
□ \$25.00 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 FI 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_\_\_ Florida document number 130000 21519 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 end with 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:

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

MGR = Mana	•	.: 	FR 29
MGRM = Ma	anaging Member	17.17 (33)	
<u>Title</u>	<u>Name</u>	Address	ype of Action
MGRM	Rosevelt Trinidad	119 S. lauber Way	Add
		Tampa, fr. 3.3609	Remove
MGRM	Gulyn Mejia helper	119 S. lauber Way	Add
	heiper	Tampa (1. 33609	Remove
ANC P	Evelyn Mejia	119 S. lauber Way	- Add
Fam to	he person who	Tampa fl. 33609	
the paper work is	perwork in English of theowner		
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			Remove
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			Add

If amending any other information, enter change(s) here: (Attach additional sheets, if necessor	ry.)
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ted April 92, 2013.	——
Proper that	
Signature of a member or authorized representative of a member	
Rosevelt Trinidad	
Typed or printed name of signee	
Page 3 of 3	

Filing Fee: \$25.00