

JUN/15/2017/THU 01:59 PM

FAX No.

P. 001

6/14/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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TREM GROUP, LLC

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S. WARREN

JUN 16 2017

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FAX No.

P. 002

850-617-6381

6/15/2017 9:47:06 AM PAGE 1/001 Fax Server



June 15, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TREM GROUP, LLC
3427 MAIN HIGHWAY
COCONUT GROVE, FL 33133

SUBJECT: TREM GROUP, LLC
REF: L13000035873

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist
Registration Section

FAX Aud. #: H17000159018
Letter Number: 617A00012106

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TREM GROUP, 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 03/07/13 and assigned
Florida document number L13000035873.

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

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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	NIKKY AUGUSTIN	3124 SW 26 STREET	<input checked="" type="checkbox"/> Add
		MIAMI FLORIDA 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROSA MARIA CHANG	172 NE 110TH STREET	<input checked="" type="checkbox"/> Add
		MIAMI SHORES FL, 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(b) The 90th day after the record is filed.

Typed or printed name of signer

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