

#L13000041712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

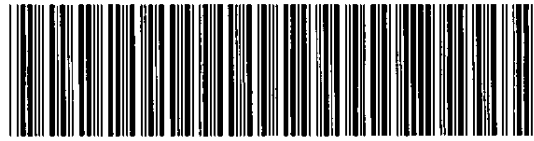
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/04/15--01020--022 **55.00

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15 FEB -4 PM 3:56
DIVISION OF CORPORATIONS

FILED
2015 FEB -4 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB - 5 2015

CT Corporation System

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

TRIX PROPERTIES LLC

L13000041712

Thank you!

- | | | |
|---|--|---|
| <input type="checkbox"/> Profit | <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | |
| <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input checked="" type="checkbox"/> Amendment Filing | | |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

2/4/2015

ST

Order#:
9431001

Ref#: _____

Amount: \$ _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRIX PROPERTIES 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:

PAULO MIRANDA
Name of Person

PSM CORPORATE SERVICES INC.
Firm/Company

1001 BRICKELL BAY DRIVE, SUITE 2406
Address

MIAMI, FL 33131
City/State and Zip Code

VALERIA.ESPINOZA@PSMCORPORATE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VALERIA ESPINOZA at **305** **456-3752**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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

FILED

2015 FEB -4 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRIX PROPERTIES 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 3/19/13 and assigned
Florida document number L13000041712.

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: 1001 BRICKELL BAY DRIVE
SUITE 2406
MIAMI, FL 33131
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1001 BRICKELL BAY DRIVE
SUITE 2406
MIAMI, FL 33131
(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: NRAI Services, Inc.
New Registered Office Address: 1200 South Pine Island Road
Enter Florida street address
Plantation, Florida 33324
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.

Michele Holden
If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3 Michele Holden,
Asst. Secretary

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

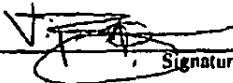
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FABIO MALUF DOMINGO	1001 BRICKELL BAY DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 2406	<input type="checkbox"/> Remove
		MIAMI, FL 33131	
AMBR	CLAUDIO AFIF DOMINGO	1001 BRICKELL BAY DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 2406	<input type="checkbox"/> Remove
		MIAMI, FL 33131	
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 MIAMI, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEBRUARY 4 , 2015 .



Signature of a member or authorized representative of a member
VALERIA ESPINOZA

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA