

L13000041712

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6353

From: Account Name : TAXLEAF.COM INC  
Account Number : I20140000024  
Phone : (305) 541-3980  
Fax Number : (988) 772-8108

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TRIX PROPERTIES LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
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S. WARREN

DEC 22 2017

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

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 03/19/2013 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 used 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:

14334 BISCAYNE BLVD

(Principal office address MUST BE A STREET ADDRESS)

NORTH MIAMI BEACH, FL 33181

Enter new mailing address, if applicable:

14334 BISCAYNE BLVD

(Mailing address MAY BE A POST OFFICE BOX)

NORTH MIAMI BEACH, FL 33181

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:

ROMAR INTERNATIONAL LLC

New Registered Office Address:

14334 BISCAYNE BLVD

Enter Florida street address

NORTH MIAMI BEACH

Florida 33181

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 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         | TRIX ENTERPRISES LIMITED | 335 WATERFRONT DR, CAMAR HODGE BUILDING 2ND FLOOR<br>ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLAND | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGR          | DOMINGOS, CLAUDIO A      | 8855 COLLINS AVE #6-G<br>SURFSIDE, FL 33141  | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| AMBR         | DOMINGOS, CLAUDIO AFIF   | 1001 BRICKELL BAY DRIVE, STE. 2406<br>MIAMI, FL 33131  | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                          |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                          |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                          |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                          |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

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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 DECEMBER, 11TH 2017



\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**CLAUDIO DOMINGOS**  
Typed or printed name of signer

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 PALM BEACH COUNTY, FLORIDA

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