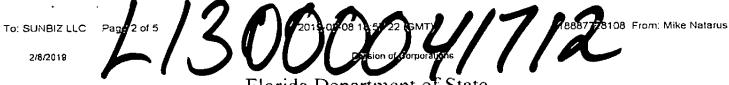
2/8/2019



Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190000465003)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : 120140000084 : (305)541-3980 Phone

Fax Number : (888)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

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Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

### (((H19000046500 3)))

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIX PROPERTIES LLC		
(Same of the Libitity Compa (A Florida Limited L	us as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on MARCH 197H, 2013	and assigned
Flurida document number £13600041712		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new mane must be distinguishable and contain the words "Limited Liabil	lity Company " the designation "LLC" or the	abbreviation "L4, C."
Enter new principal offices address, if applicable:	8855 COLLINS AVE. APT 9B	
(Principal office address MUST BE A STREET ADDRESS)	SURFSIDE, FL 32154	
Enter new mailing address, if applicable:	8855 COLLINS AVE. APT 9B	ž= 5
(Mailing address MAY BE A POST OFFICE BOX)	SURESIDE, PL 33154	F. 68
B. If amending the registered agent and/or registered o	ffice address on our records, ente	SSS the name of the n
registered agent and/or the new registered office address her	<u>c</u> ;	F. OF 5. 5. 1. 9: 5.
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street uddress	**************************************
	Florida _	Zıp Code
	City	Zıp Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

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

Page 1 of 3



MGR= Manager

## (((H19000046500 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Authorized Member		
<u>Tirle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			Remove
			Change
			□ Remove
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			O Add Sign
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			D Add
			🗖 Remave
			Cl Change

 $Page\ 2\ of\ 3$ 



## (((H19000046500 3)))

1 2111(110	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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l'an effecti <u>Note:</u> If:	date, if other than the date of filing:  (optional)  Prive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 66 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list's effective date on the Department of State's records.	05.0207 (3)(b) sted as the
ne recor The 91	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl Oth day after the record is filed.	ier of:
Dated	Signature of a member or audinitized representative of a member	
	CLABDIO AFF DOMINGOS  Typed or printed figure of signes	

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