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L1300004112
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)517-6383

From: Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305)541-3980
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

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

DEPARTMENT OF STATE
MAIL ASSISTANT FLORIDA

2020 MAY 21 AM 10:37

RECEIVED
2020 MAY 21 AM 7:11

MAY 22 2020

H20000150606.3

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 113000041712

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 "L.L.C." 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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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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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

Title	Name	Address	Type of Action
AMBR	TRIX ENTERPRISES LIMITED	325 WATERFRONT DR	<input type="checkbox"/> Add
		OMAR HODGE BUILDING, 2ND FLOOR	<input checked="" type="checkbox"/> Remove
		ROAD TOWN VG	<input type="checkbox"/> Change
AMBR	SAVAGNA LTD	325 WATERFRONT DR	<input checked="" type="checkbox"/> Add
		OMAR HODGE BUILDING 2ND FLOOR	<input type="checkbox"/> Remove
		ROAD TOWN, TORTOLA VG	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA
HALL COUNTY

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