## 113000158049

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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. (Docu	ment Number)	)
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	
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Office Use Only



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ALCONOMINATION 21

11/4



July 6, 2018

ALAN HARDY 3377 MARINER BLVD SPRING HILL, FL 34609 US

SUBJECT: RMS TRINITY, LLC Ref. Number: L13000158049

We have received your document for RMS TRINITY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION AMENDMENT, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 318A00013846

Janeice L Smith
Regulatory Specialist II
Registration Section

www.sunbiz.org

## COVER LETTER

	gistration Servision of Corp				
SUBJECT:	RMS Trinty				
SOBJECT.			ited Liability Company		
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspon	ndence concerning this matter	to the following:		
		ALAN HARDY			
			Name of Person		
		RE/MAX MARKTING SF	PECIALISTS		
		<del></del>	Firm/Company		
		3377 MARINER BLVD			
		<u> </u>	Address	<del></del>	
		SPRING HILL FL34609			
			City/State and Zip Code		
		ALAN@HARDYREALTO	R.COM to be used for future annual report noti	E	
For further i	information co	n-man address; (		neation)	
JOHN RUI	RKOWSKI		727 789-5555		
	Name of	Person	at () Area Code Daytim	e Telephone Number	
Enclosed is	a check for th	e following amount:			
<b>□</b> \$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

RMS TRINITY LLC		
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L13000158049	npany were filed on 11/08/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	red office address on our records, enter	the name of the
registered agent and/or the new registered office addres		λί: λί:
Name of New Registered Agent:		JUL I
		56 6 m >=
New Registered Office Address:	Enter Florida street address	<u> </u>
		HIO: 2
	, Florida	Zin 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

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>	Address	Type of Action
MGR	JOHN RURKOWSKI	4175 WOODLANDS PARKWAY	■ Add
		PALM HARBOR FL 34685	□ Remove
			□ Change
			Add
		<del></del>	☐ Remove
			□ Change
			□ Add
		<del></del>	□ Remove
		<del></del>	☐ Change
		<del></del>	□ Add
			AHAGA Chalige  AHAGA Chalige  ARABAN Chalige
			☐ Remove
			Add
			☐ Remove
			□ Change

Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be pior to date of filing or more than 90 days after filing) Pursuant to 605,0207 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filled.  Dated  ALAN HARDY  Signature of a member or authorized representative of a member  ALAN HARDY				
Effective date, if other than the date of filing:  7/11/2018  (optional)  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filled.  Dated  7/11  2018  Signature of a member or authorized representative of a member				1
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Page 3 of 3

Filing Fee: \$25.00