

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE TRIM GROUP 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:

SUSAN KARSEVER
Name of Person

THE TRIM GROUP OF FL. L.L.C.
Firm/Company

125 BOOTS RD
Address

MELROSE FL 32666
City/State and Zip Code

SKARSEVER@Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSAN KARSEVER at (352) 256-6991
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

THE TRIM GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2023 JUN 20 AM 10:24
STATE OF FLORIDA
CLERK OF THE COURT

The Articles of Organization for this Limited Liability Company were filed on November 19 2014 and assigned
Florida document number L14000179211.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

THE TRIM GROUP OF FL LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2494 Blanding Blvd

Suite 7

Middleburg FL 32068

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

125 Boots Rd

MELROSE FL 32666

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:

APOLIN AVILES

New Registered Office Address:

405 ALEXANDER ST

Enter Florida street address

INTERLACEN

City

Florida 320148

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	SUSAN KARSEVER	125 Boots Rd	<input checked="" type="checkbox"/> Add
		MELROSE Fl	<input type="checkbox"/> Remove
		32666	<input type="checkbox"/> Change
AMBR	AYLIN AVILES	405 Alexander ST	<input checked="" type="checkbox"/> Add
		INTERLACON Fl	<input type="checkbox"/> Remove
		32148	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	KEVIN HEATH	125 Boots Rd	<input type="checkbox"/> Add
		MELROSE Fl	<input checked="" type="checkbox"/> Remove
		32666	<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

[illegible]

(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 (3)(b)

(b) The 90th day after the record is filed.

 Signature of a member or authorized representative of a member 10

Page 3 of 3