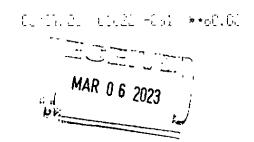
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
MAR 0 6 2023
<u>,, </u>

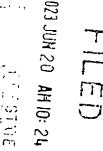
Office Use Only



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6/22/23 VIN



COVER LETTER

Division of Corpo	rations		
SUBJECT:H	E TRIM COUNTY	d Liability Company	.
	mendment and fee(s) are submi		
rease return an correspond	SUSAN KAN	,	·
	THE TRIM	GROUP OF FL	L.L.C.
	125 Boots	Address	
	MELPOSE FI	City/State and Zip Code City/State and Zip Code Code Code Code Code Code Code Code Code	
	SKA r SEVE E-mail address: (to	be used for luture annual report notifie	cation)
For further information co	ncerning this matter, please cal	II:	
SUSAN Name of	Person	at (<u>Z CZ</u>) <u>Z 5 6</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$ 560.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

TO:

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

 \approx

	U) F	- 1- 5	วี
THE TRIM CONTROL (Name of the Limit	Ed Liability Comps (A Florida Limited	Ony as it now appears on	our records.)	⊃ ∤
The Articles of Organization for this Limited Liferida document number <u>i 14000 j 7 9</u>	iability Company	were filed on <u>Pepe</u>	mbes 19 20 Hand 8	ssigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
THE TRAM GROUP The new name must be distinguishable and contain the w	OF FL ords "Limited Liabi	lity Company," the design	ation "LLC" or the abbreviation "I	L.C."
Enter new principal offices address, if applications	able:	2494 BIA	nding BLUI	
(Principal office address MUST BE A STREE	T ADDRESS)	Suite 7	nding BLUD	
		MiddleBors	F1 32068	
Enter new mailing address, if applicable:		125 BOO	ts Rd	
(Mailing address MAY BE A POST OFFICE)	<u>80x)</u>	MELROSE	fl 30lddo	
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office a s here:	ddress on our record	ds, <u>enter the name of the ne</u>	w registered
Name of New Registered Agent:		N AVI		
New Registered Office Address:	405 AL	EYANDE Enter Florida su	R ST reet address	
	INTERI	LACHEN	Florida 300142	5

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

Page 1 of 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:

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MOR	SUSAN KARSEVER	125 Boots Rd	YARdd
		Melfore PI	[]Remove
		32666	[]Change
AMBZ	AYLIN AUILES	405 Alexander ST	Zadd
		INTERIACNEN FI	□Remove
		32148	□Change
			□Add
			□Remove
			UChange
	Kev in HEATH	125 Boots Rd	□Add
		mellose FI	(temove
		32666	□Change
			⊔Add
			LIRemove
			□Change
		·	LJAdd
			□Remove
			[]Change

Page 2 of 3

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<u> vote:</u>	we date, if other than the date of filing:
e rec The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
atad	·
aicu	
aicu	Signature of a member or authorized representative of a member A44210 A0165 Typed or printed name of signer

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