L1500000 1045

questor's Name)		
dress)	 	
dress)		
y/State/Zip/Phon	e #)	
☐ WAIT	MAIL	
siness Entity Na	me)	
cument Number)	
_ Certificate	s of Status	
Special Instructions to Filing Officer:		
	dress) dress) y/State/Zip/Phon WAIT siness Entity Na cument Number Certificate	

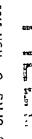
Office Use Only



700278663607

11/03/15--01010--009 **25.00

SECRETARY OF STATE



1:0V 0 4 2015 J. HARRIS

COVER LETTER

TO: Registration Sec Division of Corp	tion _, orations		·
Division of Corporations UBJECT:			
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Dimor	Name of Person	<u>. </u>
	Trim	ontium LLC Firm/Company	
	8320	SW 65 AVE	APT 4
	Miami	F2, 33143 City/State and Zip Code	
	<u>ddimodin</u> E-mail address: (1	nov 86 @ gmall. Co	ication)
For further information co			
Di wov Name of	Dimo Person	at (SSO) 221 Area Code Daytime	GGG8 Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 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

Trimont	ium LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>LISOOOOO 1045</u> .	were filed onO_/05/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	187 White Cap Way,
(Principal office address MUST BE A STREET ADDRESS)	Parama City Beach, FL, 32407
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	187 White Cap Way, Panama City Beach, FL, 32407
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	<u>>○</u> 20
New Registered Office Address:	Enter Florida street address
	City , Florida
New Registered Agent's Signature, if changing Registered Agent:	001. 2: 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pairing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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		
· ·	h	
AMBR = Authorized Mem	ЭЕГ	

Title	Name	Address	Type of Action
MR	Roder, Stanislar. D.	8320 SW G5 AVE APT.4	□ Add
		Miami, FL 33143	Remove
			☐ Change
			🗆 Add
			Remove
			Change
			🗆 Add
			☐ Remove
			☐ Change
			□ Add
		; ; ;	Remove Since Change Add
			Add 77
			☐ Change
			□ Add
		 	Remove
			□ Change

If amen	ding any other information, enter ch	nange(s) here: (Attach ad	lditional sheets,	if necessary.) Opimov)
	T. like to	change	C V 4	Status to	 D
_	I like to president/owner	r of th	e T	rimontiv	im 2
					
			·		_

_					
_				.,	
					
					
f an effe Note: I	e date, if other than the date of filing tive date is listed, the date must be specific and if the date inserted in this block does not must's effective date on the Department of Section 1.	cannot be prior to date of filing neet the applicable statutory	g or more than 90 da		
	ord specifies a delayed effective d 90th day after the record is filed.	ate, but not an effecti	ive time, at 12	::01 a.m. on the ea	rlier of:
Dated _	10/30/2015,	·			
	Signature of a re	nember or authorized represen	tative of a member	2015 NOT SELFE TALLAH	T
	Dimov	10 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		E INRY U	THE STATE OF THE S
		i yped or printed name of sign	nee	PHIZ: 3	i i i
		Page 3 of 3	•	\$ 6 8 6	

Filing Fee: \$25.00