

L 15000061712

May 11, 2015 12:22 PM

Division of Corporations

No. 7570

Florida Department of State

Division of Corporations
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((H15000098283 3)))



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRESTLES LLC

Certificate of Status	0
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MAY 12 2015

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4/23/2015 9:05:47 AM PAGE 1/001 Fax No. 7070.r P. 2



April 23, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TRESTLES LLC
700 CELEBRATION AVENUE
#212
CELEBRATION, FL 33747

SUBJECT: TRESTLES LLC
REF: L15000061712

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document submitted in on a corporation amendment form. Please resubmit the LLC amendment on a LLC amendment form.

Please return 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.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H15000098283
Letter Number: 515A00008189

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P.O. BOX 6327 - Tallahassee, Florida 32314

May. 11. 2015 12:23PM

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TRUSTLES LLC

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

No. 7070 P. 3
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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/08/2015 and assigned
Florida document number L15000061712

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 "LLC" 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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MGR = Manager
AMBR = Authorized Member

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☐ Remove

☐ Change

☐ Add

☐ Remove

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No. 7070 P. 5

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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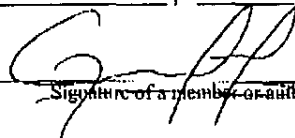
E. Effective date, if other than the date of filing: _____ (optional)

(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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 05/11 2015



Signature of a member or authorized representative of a member

MUNHOZ EUGENIO, GUILHERME

Typed or printed name of signer