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2017 FEB 22 PM 5: 01

K. SALY FEB 2 3 2017

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Trillioni	are Realty ?	LLC
Sobject.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
·			,
		Name of Person	<i>W</i>
	Tri	lliowaye Recht	llc
	Stol Bicaj	ne Bluel 1-2. Address	. MIAMI 33138
	·	MIAMI 331.	- 8
		City/State and Zip Code	
	F-mail address:	to be used for future annual report notif	(ication)
For further information of	oncerning this matter, please c		
	•		
DA Name of	R S	at (<u>786</u>) <u>763-</u> Arda Code Daytimo	- 328
ryanic o	i i cison	Alea Code Dayuni	The break
Enclosed is a check for the	ne following amount:		
\$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)
Registi Divisic P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ords.)

(Name of the Limited L.	Librare Realf lability Company as it now appears on lorida Limited Liability Company)	oper records.) PM 5: 01 Oper records.) Oper records.)
The Articles of Organization for this Limited Liabil Florida document number <u>L15000765</u>	ity Company were filed on	
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the The new name must be distinguishable and contain the words		2a (+y) L C ation "L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET AI		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or r registered agent and/or the new registered office :	registered office address on our address here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st.	reet address
_	City	, 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			FILED		
<u>Title</u>	Name	Address	2017 FEB 22 PK 5.0	Type of Action	
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ffective date,	e, if other than the date of filing: $\frac{7}{3}$ (optional)	
an effective date Note: If the dat	te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purate inserted in this block does not meet the applicable statutory filing requirements, this date will	rsuant to 605.020 I not be listed a
ocument's effe	fective date on the Department of State's records.	
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	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on day after the record is filed.	the earlier
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	1) notre	
_	Signature of a member or authorized representative of a member	
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	Typed or printed name of signee	120
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Page 3 of 3

Filing Fee: \$25.00