

L15000113738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

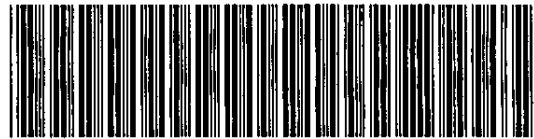
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TALLAHASSEE, FLORIDA

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SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2016

DAVID G MCKINNON
2500 E LAS OLAS BLVD UNIT 1207
FORT LAUDERDALE, FL 33301 US

SUBJECT: TRINID VENTURES, LLC
Ref. Number: L15000113738

RECEIVED
2016 NOV 14 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TRINID VENTURES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 116A00020392

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TriniD Ventures, 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:

David G. McKinnon
Name of Person

TriniD Ventures, LLC.
Firm/Company

2500 E. Las Olas Blvd., Unit #1207
Address

Fort Lauderdale, Florida 33301
City/State and Zip Code

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

For further information concerning this matter, please call:

Donna C. Taylor - Personal Assistant at (954) 298-1819
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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

The Articles of Organization for this Limited Liability Company were filed on March 2, 2016 and assigned
Florida document number L15000113738

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:

same
David G. McKinnon (existing)

New Registered Office Address:

2500 E. Las Olas Blvd., Unit #1207

(New Address)
Enter Florida street address

Fort Lauderdale

Florida

33301

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.

NOT CHANGING →

If Changing Registered Agent, Signature of New Registered Agent

only address change

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	David McKinnon	2500 E LAS OLAS Blvd	<input type="checkbox"/> Add
		#1207	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
NOV 14 PM 2:41

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

16 NOV 14
DEPT OF JUSTICE
MELANASSE

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 September 12, 2016

Signature of a member or authorized representative of a member

David G. McKinnon

Typed or printed name of signee