

L15000 135899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

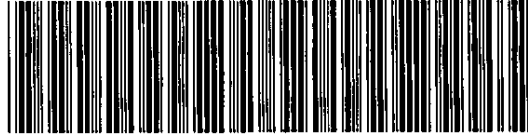
(Business Entity Name)

(Document Number)

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2016 JUL 14 A 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

JUL 15 2016

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRINI WAY AND ASSOCIATES 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:

DONNA ALI RAMPERSAD

\_\_\_\_\_  
Name of Person

TRINI WAY AND ASSOCIATES LLC

\_\_\_\_\_  
Firm/Company

4529 HYPOLUXO ROAD

\_\_\_\_\_  
Address

LAKE WORTH, FL 33463

\_\_\_\_\_  
City/State and Zip Code

INFO@OMNITAX.NET

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONNA ALI RAMPERSAD

561 756-4360  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

### 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**

TRINI WAY AND ASSOCIATES 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 08/10/2015 and assigned  
Florida document number L15000135901.

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 "LLC."

**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)**

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2015 OCT 14 A 11:52  
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TALLAHASSEE, FLORIDA

**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: GEORGY ROC

New Registered Office Address: 2711 N ANDREWS AVE

*Enter Florida street address*


WILTON MANORS, Florida 33311

*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

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	SHIRAAZ N ALI	4529 HYPOLUXO ROAD	<input type="checkbox"/> Add
		LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DONNA ALI RAMPERSAD	4529 HYPOLUXO ROAD	<input checked="" type="checkbox"/> Add
		LAKE WORTH, FL 33463	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 2019 JUL 11 AM 10:52  
 CLERK OF STATE  
 TALLAHASSEE, FLORIDA

[illegible]

(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)

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.

Donna M. Rumpelsted  
Signature of a member or authorized representative of a member

Typed or printed name of signee

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JUN 14 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA