

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900315141869

06/29/18--01005--016 \*\*25.00

N COOPER JUL 02 2018

## **COVER LETTER**

Trinity Ins	ulation, LLC				
30BJEC1.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Roger B. Crawford				
		Name of Person			
	Trinity Insulation, LLC				
Firm/Company					
	160 NW 16th Street				
		Address			
	Boca Raton, FL 33432				
	lmarina@trinityinsulationIk	City/State and Zip Code			
	E-mail address: (	to be used for future annual report notif	ication)		
For further information (	concerning this matter, please ca	all:			
Luz M. Moyano		561 394-9155			
Name e	of Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for t	he 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:

TO:

Registration Section Division of Corporations

> 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**

ompany as it now appears on our records.) ited Liability Company)		
pany were filed on September 28, 2015	and assigned	
liability company here:		
Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."	
	<b>18</b>	
<u> </u>	<u> </u>	
-	<u> </u>	
	0 E	
ed office address on our records, <u>ent</u> <u>here</u> :	er the name of the n	
Enter Florida street address		
Florida		
City	Zip Code	
	Diability company here:  Liability Company," the designation "LLC" or the stability Company, the stability Company the stability Compa	

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>	Address	Type of Action
MGR	Teddy Silva	121 SW 9th Street, Pompano Beach	
			□ Remove
			□ Change
			□ Add
			🗆 Remove
			☐ Change
			Add
			Remove
		<del></del>	Change
			Remove
			Change
			□ Remove
			Change
		<del></del>	□ Remove
			Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
•		
		2
		~.캠: 
	2 0 4	
	<u> </u>	T
	<del></del>	
(If an c <u>Note</u>	ctive date, if other than the date of filing:	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ne 90th day after the record is filed.	r of:
Date	d JUNE 26. 2018.  Horse Useway  Signature of a member or authorized representative of a member	
	Roger B. Crawford	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00