# L16000113808

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,
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5 2013 JUN T. LEMBEUK

### **COVER LETTER**

Divi	ision of Corp	orations		
SUBJECT:	Double B Tr	im LLC	•	
oobozer.		Name of Lim	ited Liability Company	<del> </del>
The enclosed	Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Brick Fremont		
			Name of Person	
			Firm/Company	
		12551 Bohannon Blvd.		
			Address	<del> </del>
		Orlando, Fl. 32824		
			City/State and Zip Code	
		doublebtrim@gmail.com		
		E-mail address: (1	to be used for future annual report	notification)
For further in	formation co	ncerning this matter, please ca	all:	
Brick Fremo	nt		407 883-885 at ( )	I
	Name of	Person		rtime Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 Fi	iling 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** 

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

Double B Trim LLC		•	FALED
(Name of the Lin	ited Liability C	ompany as it now app	pears on our records.)
The Articles of Organization for this Limited I			7314 MAY 20 (3) (- B.A.
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of			
The new name must be distinguishable and contain the	words "Limited I	Liability Company," th	e designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applie		N/A	Table San Comment (1977)
(Principal office address MUST BE A STREE		<del></del>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	N/A	
B. If amending the registered agent and/registered agent and/or the new registered of  Name of New Registered Agent:	or registered fice address l	l office address o here:	on our records, enter the name of the new
<del></del>	N/A		
New Registered Office Address:		Enter Flo	orida street address
	N/A	-5,77	
		City	Florida N/A 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>	Name	Address	Type of Action
AMBR	Brady Fremont	12551 Bohannon Blvd.	
		Orlando, FL 32824	
			■ Remove
		<del></del>	☐ Change
	<del></del>		
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Effective date, if other than If an effective date is listed, the date	the date of filing	·		(or	otional)	
Note: If the date inserted in the	is block does not me	cannot be prior to eet the applical	odate of filing or notes that	nore than 90 days a 12 requirements.	ter filing.) Pursuant to 6 his date will not be l	505.0207 isted as
document's effective date on t	ne Department of St	ate's records.		<u>.</u>		
he record specifies a dela	yed effective da	ate, but not	an effective	time, at 12:0:	l a.m. on the ea	rlier of
The 90th day after the	record is filed.					
May 14th		2010				
Dated May 14th	<u> </u>	2019	<del></del> ·			
			ized representative			

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Typed or printed name of signee

Filing Fee: \$25.00