## L16000 166013

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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO: Registration Division of C				
	Trimmer LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filling.		
Please return all corres	pondence concerning this matter	to the following:		
	Mark Trimmer			
		Name of Person		
	DunhamTrimmer LLC			
		Firm/Company	<u> </u>	
	11523 Palmbrush Trail, S	uite 301	Ž Ž	
		Address		
	Lakewood Ranch, FL 342	02		
		City/State and Zip Code	<del>···</del>	
	Mark@DunhamTrimmer.c		•	
re e a l'e a		(to be used for future annual report not	ification)	
For further information	i concerning this matter, please o	catt:		
Mark Trimmer		608 628-2654 at ()		
Nam	e of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for	r 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 Add		Street Address:	action	
Registration Division of	Corporations	Registration Se Division of Co		
P.O. Box 6	327	The Centre of	Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dunham Trimmer LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Diability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number L16000166013	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		<u></u>
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office a	address on our records, enter the na	me of the new regist
igent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	Zip Code
	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>	Address	Type of Action
AMBR	Manel Cervera	11523 Palmbrush Trail. Suite 301	□ Add
		Lakewood Ranch, FL 34202	■ D arraya
			⊡Change
		<del></del>	🗆 Remove
		<del></del>	
		<del></del>	; □Add &
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