L16000199246

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	∋#).
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
•	•	
(Do	ocument Number)	,
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500292143715

12/01/16--01017--005 **30.00

16 OEC -1 PM 3: 25

V SULKER

DEC 0 5 2016

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MEVIN HENDERSONS Trim 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:
Christina hutland Name of Person
Vevin Henderson's Trim LLC
1947 Sunset Ln Address
City/State and Zip Code
HEVINDENSE/SDASTIMO VANDO, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christing Phytham at (40), 577-7383 Name of Person at (40), 577-7383 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 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

MEVIN HENCES (Name of the Limited)	Clability Company as it now appears on our reco	rds.)
(A	Florida Limited Liability Company)	4
The Articles of Organization for this Limited Liab	oility Company were filed on 10/88	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	he limited liability company here:	
The new name must be distinguishable and contain the word	to "I instead I inhibity Company" the decimation "I I	C" or the abbreviation "L. I. C."
The new harte thast of distinguishable and contain the word	is Elimica Elability Company, the designation in	Se of the abbreviation E.E.C.
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	Many .
		DEC AHA
B. If amending the registered agent and/or	registered office address on our recor	ds, enter the name of the new
registered agent and/or the new registered offic	e address here:	in an
Name of New Registered Agent:		9 D
		δ ⁽²⁾ (b)
New Registered Office Address:	Enter Florida street addr	1255
-	City, I	F lorida Zip Code
	Cuy	zip Coae

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

(f 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
MBR	Travis Deprent	1928 Mitchell Brook La	Add
		1938 Mitchell Brook Lasselberry FL 32707	□ Remove
			Change
			Add
		•	C Remove
			🗆 Add
		A Social Control of the Control of t	Change
		ASSEEL FLORIDA	Change
			Change
			🗆 Add
			Remove
			Change
			□ Add
			_D Remove
			☐ Change

P. If amending any other information, enter change(s) here: (Attach additional sheets, if ne	cessary.)		
		<u> </u>	
	····		
	, ., ., .,	· -	
	······································		
			
		······································	
			
	- FC	်တိုင်	
	AHAS:	- 3 3 6	6)
	SEE. F		111
	S TATE LORIES	S. 5.2	
E. Effective date, if other than the date of filing:	er filing.) Pu	rsuant to	
If the record specifies a delayed effective date, but not an effective time, at 12:01 (b) The 90th day after the record is filed.	a.m. on	the e	arlier of:
Dated November 17, 2010.			
Signature of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·		
Unristina Puttand Typed or printed name of signee			_

Page 3 of 3

Filing Fee: \$25.00