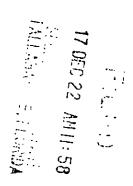
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

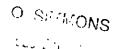


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Office Use Only



COVER LETTER

Div	ision of Corp	oorations		
SUBJECT:		perty Management LLC		
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspor	ndence concerning this matter t	o the following:	
		Louis A Plank President	/CEO	
			Name of Person	.
		Trenton Property Managem	nent LLC	
			Firm/Company	<u></u>
		317 Valley Drive		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Longwood Florida, 32779		
			City/State and Zip Code	
		Plank i flyboy@gmail.com E-mail address: (t	o be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please ca	·	
Louis A Plank			407 739-6972 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is :	a check for th	e following amount:		
□ \$25.00 F	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

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

Trenton Property Management LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 02/06/2017	and assigned
Florida document number L17000028420	<u></u> .	
This amendment is submitted to amend the following:		17 BEC 22
A. If amending name, enter the new name of the li	nited liability company here:	72
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" o	r the abbreviation "Lat" (2."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	·	enter the name of the r
Name of New Registered Agent:		<u></u> .,
New Registered Office Address:	Enter Florida street address	
	. Flori	do
	City , F10f1	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>	Type of Action
AMBR	Doreen L Castignoli	20 Lee Road	_⊟Add
		St Augustine Florida, 32080	Remove
			Add
			Remove
			☐ Chânge
			Add
			☐ Change
			□ Remove
			Change
			Add
			□ Remove
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			Add
			☐ Remove
			Change

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Effectiv	ve date, if other t	than the date of fil	02/04/2017 ling:	7	(0)	otional)	
i an effe	ective date is listed, th	than the date of file date must be specific	and cannot be prior	to date of filing or	more than 90 days a	fter filing.) Pursuant to	605.0207
		in this block does no on the Department of			ng requirements.	this date will not be	isted as
		•					
		delayed effective the record is file		ot an effective	time, at 12:0	1 a.m. on the e	arlier of
	12/20	4	2017				
Dated _	12/20		-; -nn-h	·			
		Kin	N W/				
		# 1273. A	, , , , , , , , , , , , , , , , , , , ,				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00