# 117000047057

(Reques	stor's Name)	
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### FILING CANCELLED RETURNED CHECK

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SECRETARY OF STATE
AND ANSSEE FLORID.

J. HARRIS

#### **COVER LETTER**

TO: Registration Section Division of Corpora		FILING CANCELLE
SUBJECT: Trini Bu	ilt Performance LLC	RETURNED CHEC
	Name of Limited Liability Company	
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.	
Please return all corresponder	nce concerning this matter to the following:	
-	Stefan Tagessan Name offerson	
	·	
-	Trini Built Performana Firm/Company	2 LLC
-	2241 NW 22nd St Unit 3	
	Pompano, Florida 330 City/State and Zip Code	69
	E-mail address: (to be used for future annual)	mail. iom report notification)
For further information conce	erning this matter, please call:	
Ameera Name of Per	at (954) 5	90-8354  Daytime Telephone Number

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

#### **MAILING ADDRESS:**

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## FILING CANCELLED RETURNED CHECK

(Name of the Limited Liability Compa (A Florida Limited)	mance LLC uny as it now appears on our records.) Liability Company)			-
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000047057</u> .	were filed on 02 28 17	7	_ and a	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" (	or the abbre	viation '	"L.L.C."
Enter new principal offices address, if applicable:	****			
(Principal office address MUST BE A STREET ADDRESS)			<del>22</del>	
	-		==	
		AHA HA	AY	- 6
Enter new mailing address, if applicable:		SS	15	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
		101 11.5	Ŧ.	<b>C</b>
		AG	12	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter th	e nam	ne of the new
Name of New Registered Agent:				<del></del>
New Registered Office Address:				
	Enter Florida street address			
<u>,</u>	, Flor	ida		
	City		Zip Cod	de

#### 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 **Type of Action Address** Title **Name** Rishi Jagessar MGR 3254 Coral Lake Lane. □ Add Remove FILING CANCELLED ☐ Change RETURNED CHECK \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Add ☐ Remove ☐ Change

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fan effective da <u>Note:</u> If the d	e, if other than the te is listed, the date must ate inserted in this blo fective date on the De	t be specific and onck does not me	cannot be prior to da eet the applicable			filing.) Pursuant to	
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Filing Fee: \$25.00