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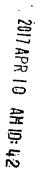


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SECRETARY OF SIAID!
TALLIAHASSEE, FLORID!

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APR 12 2017
S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Trinity-Trading 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:	
Michael Brear	None:
Michael Bream Name of Person Trinity - Trading Firm/Company	<u> </u>
6325 16th Way Address	Sath = Ex
	manager of the control of the contro
West Palm Bch	FL. 33415 - 3887
City/State and Zip Code trading with trinity E-mail address (to be used for future absolut re	Danail.com
For further information concerning this matter, please call:	5
Michael Brear at (561) Name of Person Area Code	307 8673 Daytime Telephone Number
Enclosed is a check for the following amount:	G 660 00 EW E
□ \$25.00 Filing Fee \$\square \text{\$30.00 Filing Fee & Certificate of Status}\$ □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

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

(Name of the Limited Liabili	lity Company as it now appears on our records.) Ja Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 03/2017 an	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)	mited Liability Company," the designation "LLC" or the abbreviation	on "L.L.C." SECRETAL AHA
Enter new mailing address, if applicable:		RYOF STA
(Mailing address MAY BE A POST OFFICE BOX)		26 DE
B. If amending the registered agent and/or registered agent and/or the new registered office add	istered office address on our records, <u>enter the nadress here</u> :	ame of the new
Name of New Registered Agent:		<u></u>
New Registered Office Address:	Enter Florida street address	
	Florida, Florida	
	City Zip	Code
NO TO TAIL AND COME A COMPANY OF THE PROPERTY OF		

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 **Address Type of Action** Title Name West Palm Beach Rem Brear, Michael A. MGR Brear, Michael A. 6325 16th way South of Add West Palm Beach Remove ☐ Remove ⊟ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove

☐ Change

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ective date, if other effective date is listed	er than the date on the date of the date must be specified.	f filing: cific and cannot l	oe prior to da	te of filing or n	ore than 90 day	(optional) 's after filing.) Pui	rsuant to 605.0207
e: If the date inser	ted in this block doe ate on the Departme	s not meet the	applicable	statutory filin	g requirement	ts, this date will	not be listed as
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	a delayed effec		ut not ar	effective	ime, at 12	:01 a.m. on	the earlier of
he 90th day aft	er the record is	filed.					
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Page 3 of 3

Filing Fee: \$25.00