

L17000075370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

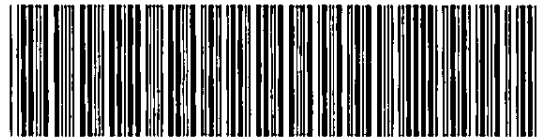
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600302706926

08/22/17--01007--024 **30.00

FILED
17 AUG 21 AM 11:49
CLERK OF COURT
MASSACHUSETTS

AUG 23 2017

Y: LKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trim Plus Remodeling 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:

Russell K Farrell
Name of Person

Trim Plus Remodeling
Firm/Company

124 S12 13 (St. Johns, FL)
Address

Fruit Cove, FL 32259
City/State and Zip Code

TrimplushandymanLLC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Russell Farrell at (904) 450-3340
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 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**

Trim Plus Remodeling LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 4, 2017 and assigned Florida document number L17000075370.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Name Remains the Same
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

124 SR 13
Fruit Cove, FL 32259

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

124 SR 13
Fruit Cove, FL 32259

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

124 SR 13 Fruit Cove, FL 32259
Enter Florida street address
Fruit Cove, Florida 32259
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>	<u>Address</u>	<u>Type of Action</u>
MGR	David Hitchcock	St. Johns 124 SR 13 Fruit Cove, FL 32259	<input checked="" type="checkbox"/> Add
	Armin Malagic		<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Byron Butler	St. Johns 124 SR 13 Fruit Cove, FL 32259	<input checked="" type="checkbox"/> Add
	Joseph Osteen		<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 AUG 21 AM 11:29
FLORIDA
SUNSHINE
STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Note: New Address is ... 124 S1213

Fruit Cove, FL 32259

(St. Johns, FL)

FILED
17 AUG 21 AM 11:49
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: August 9, 2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 9, 2017.

Russell K. Farrell

Signature of a member or authorized representative of a member

Russell K. Farrell

Typed or printed name of signer