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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

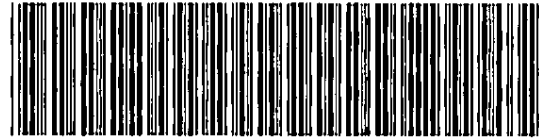
(Business Entity Name)

(Document Number)

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02/07/22--01016--008 \*\*30.00

22 FEB -7 AM 10:04

T. MATTHEWS

FEB 22 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Triello, 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:

Sinval Pereira da Silva  
Name of Person

Triello LLC  
Firm/Company

863 Spring Circle # 203  
Address

Deerfield Beach, FL 33441  
City/State and Zip Code

sonia@gstolley.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Sinval Pereira da Silva at (561) 201-0177  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

22 FEB -7 AM 10: 04

Triello 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 \_\_\_\_\_ and assigned Florida document number L17000128261.

This amendment is submitted to amend the following:

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

n/a

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

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

863 Spring Circle #203  
Deerfield Beach, FL  
33441

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

863 Spring Circle # 203  
Deerfield Beach, FL  
33441

**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:

Sinval Pereira da Silva

New Registered Office Address:

863 Spring Circle # 203

Enter Florida street address

Deerfield Beach, Florida 33441

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>
AMBR	Lourdes Silva	3450 W Millsboro Blvd.	<input type="checkbox"/> Add
		Coconut Creek, FL	<input checked="" type="checkbox"/> Remove
		33073.	<input type="checkbox"/> Change
AMBR	Juliana S. Silva	863 Spring Circle # 203	<input checked="" type="checkbox"/> Add
		Deerfield Beach, FL	<input type="checkbox"/> Remove
		33441.	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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 01/17 2022.

Signature of a member or authorized representative of a member

Sinval Pereira da Silva.

Typed or printed name of signee