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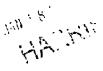
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Trinity Broxerage LLC Name of Limited Etability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kenneth Cooper Name of Person
Trinity Brokerage WC
289 West Pine Valley Lare
Rotarda West Florida 33947 City/State and Zip Code
Kcopera trinity brok-proce inc. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kenneth Coper at (31), 774-4444  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$\ \times \ \ \times \ \ \times \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

### 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 Liability Comp (A Florida Limited	and as it now appears on our r Liability Company)	records.)
The Articles of Organization for this Limited Liability Company		20-2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- n/a	È,;
(Principal office address MUST BE A STREET ADDRESS)		
		••
Enter new mailing address, if applicable:	NIG	÷ :
(Mailing address MAY BE A POST OFFICE BOX)		C )
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our rec re:	cords, <u>enter the name of the nev</u>
Name of New Registered Agent:	19	
New Registered Office Address:	Enter Florida street d	
	1 City	Florida <u>C</u> 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 Type of Action Title **Address** Name 259 West Pine Valley Cong 11 Add Roterda West Fl - 33947 UP John Luchansky \_\_\_\_Remove \_\_\_\_\_ Change VP Jord Cooper 289 west Pine Valley Lane & Add Rotord West Fl. 33947 \_\_\_\_\_ Change ☐ Remove \_\_\_\_ Change □ Add ☐ Remove \_□ Change \_□ Ćhánge □ Add □ Remove \_□ Change

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Filing Fee: \$25.00