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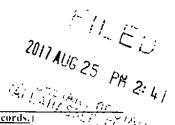
COVER LETTER

	Registration Division of C		
SUBJEC	TRIP, L	.c	
SUBJEC	-1:	Name of Limited Liability Company	
The encl	osed Articles	of Amendment and fee(s) are submitted for filing.	
Please re	turn all corre	pondence concerning this matter to the following:	
		Henry J. Lopez	
		Name of Person	
		Firm/Company	
		1073 WILLA SPRINGS DR. SUITE 2021	
		Address	
		WINTER SPRINGS, FL 32708	
		City/State and Zip Code orlandorealtorhank@gmail.com	
		E-mail address: (to be used for future annual report notification)	
For furth	er informatio	concerning this matter, please call:	
Henry J.		at (<u>407</u>) 409-1154 of Person Area Code Daytime Telephone Number	
	Nam	of Person Area Code Daytime Telephone Number	
Enclosed	l is a check fo	the following amount:	
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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



TRIP, LLC

-	ited Liability Company as it now appears on our recor (A Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited I	Liability Company were filed on 8/11/2017	
Florida document number L17000172151	. <u></u> -	
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "L1.	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and egistered agent and/or the new registered of	I/or registered office address on our record	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B. If amending the registered agent and	//Or registered office address on our record	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B. If amending the registered agent and or the new registered of the new	I/or registered office address on our record office address here: HENRY J. LOPEZ	ds, <u>enter the name of th</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) 3. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	I/or registered office address on our record office address here: HENRY J. LOPEZ Enter Florida street address	ds, <u>enter the name of th</u>

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.

Changing Registered Agent Signature of New Registered Agent

Page 1 of 3

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>	Address	Type of Action
MGR	LOPEZ. HENRY D	537 LEGACY PARK DR.	
		CASSELBERRY, FL 32707	■ Remove
			□ Change
MGR	LOPEZ, HENRY J	537 LEGACY PARK DR.	
		CASSELBERRY, FL 32707	□ Remove
			Change
			□ Add
			□ Remove
		-	O Champs
			28 PH 25 PH 28 L L L L L L L L L L L L L L L L L L
			Change
			□ Remove
			□ Change
			Remove
			□ Change

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	<u> </u>
F ffee	tive date if other than the date of filing.
If an e	tive date, if other than the date of filing: (optional) Nective 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 (
docui	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next selfective date on the Department of State's records.
he re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The	e 90th day after the record is filed.
Б.	8-2-2 7017
Datec	1 2011
	V_{and}
	Signature of amember or authorized representative of a member
	() () ()

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Filing Fee: \$25.00