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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trifecta Hobings Group LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Spencer Wineson
De Valona Law Firm/Company
350 Camino Gardens Blvd, Suite 107
Boca Roton FL 33432 City/State and Zip Code
Sevil de la Conclau. Con E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Spencer Winepol at (561) 600.9070.

Name of Person at (561) 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 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Companion (A Florida Limited Liability Companion)	as it now appears on lability Company)	Dur records.)	
The Articles of Organization for this Limited Liability Company velocida document number <u>L1700022949</u>	vere filed on <u>NO</u>	1. 6.2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designa	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			77
(Mailing address MAY BE A POST OFFICE BOX)			
		<u></u> .	<u>4`</u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		records, enter t	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st	reet address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre	e to act in this capa	city. I further agre	e 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 = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	spencer Windpol	350 Comina Galdens	BM □ Add
		Suite 107	& Remove
		Bora Raton.FL 3343	Z_□ Change
MGR	Keisha Suckie	350 Camino Gardens B	Add
		suite 107	□ Remove
		Boca Raton. FL 3343	2_□ Change
			Add
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an eft iote:	ive date, if other than the da fective date is listed, the date must be If the date inserted in this block tent's effective date on the Depa	specific and cannot be does not meet the a	e prior to date of filing applicable statutory if	or more than 90 days after t	iling.) Pursuan	it to 605.020° be listed as
	cord specifies a delayed e 90th day after the record		ut not an effectiv	ve time, at 12:01 a.	.m, on the	earlier o
ated	November	14 . 20	<u> </u>			
	Sign	mature of a member of	or authorized represents	ative of a member	·	
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Filing Fee: \$25.00