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COVER LETTER

Divis	sion of Corp	porations					
	TRINITY S	OLUTIONS USA LLC					
Name of Limited Liability Company							
he enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.				
		ndence concerning this matter	_				
		MAICOHL REGO CARV	ALHO				
		TRINITY SOLUTIONS U	Name of Person SA LLC				
		5291 HILLSBORO BLVD	Firm/Company APT 207				
		Address COCONUT CREEK - FL 33073					
		PRIMEINCOMETAX1@G	City/State and Zip Code MAIL.COM				
			to be used for future annual report	notification)			
or further inf	ormation co	ncerning this matter, please co	all:				
MAICOHL REGO CARVALHO		954 994-80 at ()					
	Name of	Person	Area Code Da	ytime Telephone Number			
Enclosed is a	check for the	e following amount:					
■ \$25.00 Fit	ing 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			
				(additional copy			

MAILING ADDRESS:

TO:

Registration Section

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

TRINITY SOLUTIONS USA 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 11/16/2017 and assigned Florida document number 1.17000237580 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: INSTAJOB WORK LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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
			Remove
			Add
			Remove
			Change
		-	
			□ Remove
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E Personal and the state of the state of			
E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	ist be specific and cannot be prior lock does not meet the applic	able statutory filing require	(optional) 90 days after filing.) Pursuant to 605.0207 (2 ements, this date will not be listed as the
If the record specifies a delaye (b) The 90th day after the rec	d effective date, but no cord is filed.	t an effective time, a	t 12:01 a.m. on the earlier of:
Dated OCTOBER 22	2019		
	laslo	_	
	Signature of a member or author	orized representative of a men	iber
MAICOHL REGO CA	RVALHO		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00