

LI800000 4672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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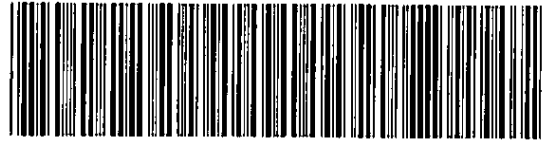
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 JUL 25 PM 2:40

JUL 31 2019
C. McNEIL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIMET MANUFACTURING LLC
Name of Limited Liability Company

2009 JUL 25 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

TIM DOBRNICH
Name of Person

TRIMED
Firm/Company

4619 BUTLER HILL RD
Address

ST LOUIS MO 63128
City/State and Zip Code

TIM@TRIMED3D.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIM DOBRNICH at (314) 409 1950
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

TRIMET MANUFACTURING LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
JUL 25 PM 2:46
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JAN 5, 2018 and assigned
Florida document number L18000004672.

This amendment is submitted to amend the following:

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

TRIMED 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: SAME 673 NORTH WASHINGTON BOULEVARD
(Principal office address **MUST BE A STREET ADDRESS**) SARASOTA FL 34236

Enter new mailing address, if applicable: SAME 4619 BUTLER HILL RD
(Mailing address **MAY BE A POST OFFICE BOX**) ST. LOUIS MO 63128

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:

New Registered Office Address:

Enter Florida street address

, Florida

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	REBECCA DOBRINKA	4619 BUTLER HILL RD	<input checked="" type="checkbox"/> Add
		ST LOUIS, MO 63128	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Typed or printed name of signee