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COVER LETTER

	istration Sec ision of Corp		•	
SUBJECT:	Jason Biaso	tti Trim LLC	•	
		Name of Lim	ited Liability Company	
The enclosed	l Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Jason Biasotti		
			Name of Person	
		Jason Biasotti Trim LLC		
			Firm/Company	
		15715 Larry Rd		
			Address	
		Spring Hill ,FI 34610		
			City/State and Zip Code	
		jbiasottille@gmail.com		
For further in	nformation co	E-mail address: () oncerning this matter, please co	to be used for future annual report notifiall:	(cation)
Jason Biasot	ti		727 846-3900	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25,00 F	iling 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 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

Jason Biasotti Trim 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 $\frac{\text{january } 19\ 2018}{\text{january } 19\ 2018}$ and assigned Florida document number L18000017224 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C. 3907 W Crawford St. Enter new principal offices address, if applicable: Tampa .Fl 33614 (Principal office address MUST BE A STREET ADDRESS) 15715 Larry Rd. Enter new mailing address, if applicable: Spring Hill, Fl 34610 (Mailing address MAY BE A POST OFFICE BOX) 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

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

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>	Name	Address	Type of Action
MGR	Daniel W Raley	15715 Larry Rd	
		SpringHill, Fl 34610	■ Remove
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