L18000177651

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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OUDDEC - 4 PM Z: OU SECRETARY OF STATE TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Trinity Moving and Storage LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sean Williams Name of Person
Trinity Moving and Storage LLC
764 Reed Canal Rd Address
Seanty et 214 Ognail: con E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Sea Cillians at (386) 675- a 652 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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



November 20, 2018

Sean Williams Trinity Moving and Storage LLC 764 Reed Canal Rd. South Daytona, FL 32119

SUBJECT: TRINITY MOVING AND STORAGE LLC

Ref. Number: L18000177651

We have received your document for TRINITY MOVING AND STORAGE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporations, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Letter Number: 118A00023783

Lyn Shoffstall Bureau Chief

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Trinity May	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ad Starces // 20	18 DEC -4 PM 2:00
(Name of the Limited L.	iabilia Compi lorida Limited	any as it now appears on our records. B. Liability Company)	ECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liabil	ity Company	were filed on \\\/30/16	and assigned
Florida document number <u>L1800017765</u>	1		
This amendment is submitted to amend the following	<u>ាខ</u> ្ល:		
A. If amending name, enter the new name of the	limited liab	pility company here:	
The new name must be distinguishable and contain the words	"Limited Liabi	ility Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	::	1 E Brownel B	LUD soite 700
(Principal office address MUST BE A STREET A	DDRESS)	Ft Lauderdale F	E. L 33701
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1 E Broward Blu Ft Lauderdale F	cd suite 200
B. If amending the registered agent and/or registered agent and/or the new registered office			nter the name of the new
Name of New Registered Agent:	Sean	Williams	
New Registered Office Address:	764	Recd Canal Col Enter Florida street address	
	south_	Recy Canal rel Enter Florida street address Daytona Florida	a 33119 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.

f 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>	Address	Type of Action
MOR	Soun hillians	764 Real Canal Cul	W Add
		South Dalitona FL 32119	□ Remove
			☐ Change
Myll	Brack Wenver	150 white Facen dr	
		Dayton Beach FL 321	Remove
			☐ Change
MOL	Joyce Mirabal	985 belleflower dr	🗆 Add
		port Orange FL 32129	■ Remove
			Change
			□ Remove
			Change
			☐ Remove
			□ Change
			🗖 Add
			□ Remove
			🗀 Change

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Effect	ive date, if other than the date of filing: (optional)
If an ef	fective 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 (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
docum	iem's effective date on the Department of State's records.
he re	tord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
ine	90th day after the record is filed.
Dated	_11/30/18
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	,

Page 3 of 3

Filing Fee: \$25.00