

**LIB000275170**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

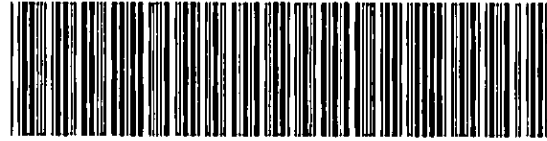
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 7, 2019

SEAN MILLER  
2299 KENTUCKY ST  
WEST PALM BEACH, FL 33406

SUBJECT: TRINITY RELOCATION GROUP LLC  
Ref. Number: L18000275170

We have received your document for TRINITY RELOCATION GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please select type of action for Brian Fox on page 2 of 3.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 319A00000404

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SECRETARY OF STATE

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2019 JAN 18 AM 11:33

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

Trinity Relaxation Group 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 11/28/18 and assigned Florida document number L18000275170.

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."

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 name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Brian Fox

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>                      |
|--------------|-------------|----------------------------|--|
| MGR          | Sean Miller | 2300 Palm Beach Lakes Blvd | <input type="checkbox"/> Add               |
|              |             | WDB FL 33409               | <input checked="" type="checkbox"/> Remove |
|              |             | 700 Gazetta Way            | <input type="checkbox"/> Change            |
| MGR          | Brien Fox   | West Palm Beach 33413      | <input checked="" type="checkbox"/> Add    |
|              |             |                            | <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"/> Add               |
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|              |             |                            | <input type="checkbox"/> Change            |

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(If an effective 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 (3)(b) **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.

Dated 12/26/18

Signature of a member or authorized representative of a member

Seca Miller  
Typed or printed name of signee