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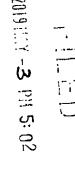
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#### COVER LETTER

**Division of Corporations** Trilogy Leisure LLC SUBJECT: 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: Jared Saft Name of Person Firm/Company 9259 Point Cypress Drive Address Orlando, FL 32836 City/State and Zip Code jaredsaft@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jared Saft 407 355-1307 Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

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

## TO ARTICLES OF ORGANIZATION OF

Trilogy Leisure 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 and assigned Florida document number L19000012556 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 "LLC." 9163 Point Cypress Drive Enter new principal offices address, if applicable: Orlando, FL 32836 (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:

Jared Saft Name of New Registered Agent:

9163 Point Cypress Drive New Registered Office Address:

> Enter Florida street address Orlando

City

9163 Point Cypress Drive

Orlando, FL 32836

#### 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

Page 1 of 3

## or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
· MGR	Nuovo Enterprises, LLC	7720 N Dobson Road Scottsdale, AZ 85265	□ Add
		<del></del>	■ Remove
			Change
MGR	Marcia Rowley	15900 N 78th St #100 Scottsdale, AZ 85260	
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MGR	Jared Saft	9163 Point Cypress Drive Orlando, FL 32836	■ Add
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Effective date, if other than the date of filing:  [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  [Anter: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the statutory filing requirements, this date will not be listed as the statutory filing requirements.				<u>-</u>						
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Page 3 of 3

Filing Fee: \$25.00