49000 154 634

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	_
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
	F::: 0.17	
Special Instructions to	Filing Officer:	
		-

Office Use Only



500334307405

08/18/19--01017--021 ++25.00

2019 SEP 18 PH 3: 34

R WHITE

SEP 3 t 2019

COVER LETTER

TO:	Registration Se Division of Cor			
CHR	TRILOGY JECT:			
300	, <u> </u>		ited Liability Company	
The c	enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		HERMAN SINGH		
			Name of Person	·
		HERMAN SINGH & ASS	SOCIATES INC	
			Firm/Company	
		600 RINEHART RD SUIT		
			Address	-
		LAKE MARY, FL 32746		
		SHERRY.HSTAXES@GM	City/State and Zip Code IAIL.COM	
		E-mail address: (to be used for future annual report notif	leation)
For fi	urther information c	oncerning this matter, please ca	ali:	
HER	MAN SINGH		407 831-1399 at()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclo	osed is a check for th	ne following amount:		
■ S	25.00 Filing 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)

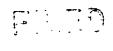
MAILING ADDRESS:

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 ARTICLES OF ORGANIZATION OF



2019 SE? 18 PM 3: 34

TRILOGY LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	;
The Articles of Organization for this Limited Liability Compan Florida document number L19000154634	y were filed on 6/11/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" of	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:		
New Registered Office Address:	Enter Florida street addre	AVY
	, F	lorida

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>	Address	Type of Action
MGR	JAVED AJANI	1157 W STATE RD 436, #107	5 4 11
		ALTEANONITE EDDINGE EI	
		ALTAMONTE SPRINGS, FL 32714	Remove
		<u></u>	Change
			□ Remove
			Change
		 	Add
			Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			□ Add
			Remove
			☐ Change

-	
-	
-	
_	
•	
-	
-	
_	
-	
-	
-	
_	
-	
-	
-	
	9/5/2019
ffect	ive date, if other than the date of filing: (optional)
fan eff Note:	ective 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 (. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
locum	ent's effective date on the Department of State's records.
e red The	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	9/9/19
	Signature of a member or authorized representative of a member
	MANAGER ALTICOLO

Page 3 of 3

Filing Fee: \$25.00