219000279098

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Ouries and Fable Maria)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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C. GOLDEN MAR - 9 2020

COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Frank Gonzalez		
		Name of Person	
	···	Firm/Company	
	18425 SW 79 Ct		
	<u> </u>	Address	
	Cutler Bay, FL 33157		
	frankg357@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
for further information c	concerning this matter, please ca	all:	
Frank Gonzalez		786 587-5533	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 7, 2020

FRANK GONZALEZ 18425 SW 79 COURT CUTLER BAY, FL 33157

SUBJECT: NATIONAL RELOCATION AND LOGISTICS, LLC

Ref. Number: L19000279098

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Your document is being returned as requested.

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

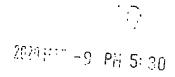
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 320A00002733

Claretha Golden Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



NATIONAL RELOCATION AND LOGISTICS, LLC	2		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears o Liability Company)	n our records.)	·
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000279098</u> .	were filed on NOV	08, 2019	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	:	
TRIVIUM UNITED, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the desig	anation "LLC" or the abbre	eviation "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 a agent and/or the new registered office address here: Name of New Registered Agent:	address on our reco	rds, <u>enter the name c</u>	of the new registered
N. D. J. COM. All			
New Registered Office Address:	Enter Florida	street address	
		, Florida	
	City	, r ivi ida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	duties, and I am fan pter 605, F.S. Or, if	niliar with and this document is

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:

or remov	ed from our records:			
MCR =	Manager			

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			
			□Remove
			□Change
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ffect	tive date, if other than the date of filing: (optional) Tective 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 605.020
an et iote:	lective 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 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	nent's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
l is fi	ica.
	MARCH 6 2020
ated	
	signature of a member or authorized representative of a member

Filing Fee: \$25.00