## L200000aa6a6

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

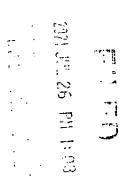
Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor				
TRILOGY SUBJECT:	MULTI SERVICES I.L.C			
SOBJECT,	Name of Lin	ited Liability Company		
	Amendment and fee(s) are sub	_		
	GEORGE WASH			
		Name of Person		
	TRILOGY MULTI SERV	ICES LLC		
		Firm/Company		
	821 EMMETT ST SUITE	С		
		Address		
	KISSIMMEE, FL 34741			
	walsh.gaw@gmail.com	City/State and Zip Code		
		to be used for future annual report notifi	cation)	
For further information c	concerning this matter, please c	all:		2021 JU
George Walsh		407 873-8761 at ()		自
Name o	of Person		Telephone Number	<u>;</u> (2)
Enclosed is a check for the	he following amount:			P3 1:0
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address		Stroot Addring		

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

y Company as it now appears on our records.) Limited Liability Company)  ompany were filed on   and assigned
ompany were filed on 01/15/2020 and assigned
ted liability company here:
ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
George Walsh
ESS) 1442 Swift Ct
Poinciana, FL 34759
George Walsh
1442 Swift Ct
Poinciana, FL 34759
office address on our records, <u>enter the name of the new registered</u> Walsh
772
wift Ct = 22  Enter Florida street address = 5
City Florida 34759 (S)
Agent:
E un

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	George Walsh	1442 Swift Ct	<b>≣</b> Add
		Poinciana, FL 34759	□Remove
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			□ Change
			□ Add
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(If an ef Note:	tive date, if other than the date of filing: 7/25/2021 (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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.	.0207 (3)(ted as the
ne recor	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 iled.	the
Dated	Coma Walsh	
Dated	Signature of a member of a member	

Filing Fee: \$25.00