

L20 0000022626

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRILOGY MULTI SERVICES LLC

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:

GEORGE WASH

Name of Person

TRILOGY MULTI SERVICES LLC

Firm/Company

521 EMMETT ST SUITE C

Address

KISSIMMEE, FL 34741

City/State and Zip Code

walsh.gaw@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George Walsh

407

873-8761

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 Address:

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

2021 JUN 26 PM 1:03
TALLAHASSEE, FL
FILING

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

TRILOGY MULTI SERVICES 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 01/15/2020 and assigned
Florida document number L200000022626.

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)

George Walsh

1442 Swift Ct

Poinciana, FL 34759

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

George Walsh

1442 Swift Ct

Poinciana, FL 34759

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:

George Walsh

New Registered Office Address:

1442 Swift Ct

Enter Florida street address

Poinciana

City

Florida

34759

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.


George Walsh
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	George Walsh	1442 Swift Ct	<input checked="" type="checkbox"/> Add
		Poinciana, FL 34759	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Dated 7/20, 2021

Signature of a member or authorized representative of _____

George Walsh
Typed or printed name of signer