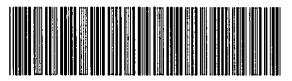
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
Trey Bonds	ELLC		. *
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:	
	Trey Bonds		
		Name of Person	
	Trey Bionds LLC		
	·····	Firm/Company	
	2016 Dr Martin Luther Kir	ng Jr Drive	
		Address	
	Pensacola FL 32503		
		City/State and Zip Code	
	treybonds008@gmail.com		
For further information c	e-mail address: (to be used for future annual report not	ilication)
Trey Bonds		850 242-2968 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trey Bonds LLC		
(<u>Name of the Limited Liabilit</u> (A Flonda	ty Company as it now appears on our re Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C	ompany were filed on 1/27/2020	and assigned
Florida document number L2(XXXX)33115		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	RESS)	
		2020
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		CI ·
B. If amending the registered agent and/or registered	d office address on our records, <u>e</u>	nter the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		. Florida
	Cuy	Zıp 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.

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>	Type of Action
AMBR	Juan Gonzales	23 Escalona St	= Add
		Pensacola FL 32503	
			Change
AMBR	Donald Wilson	711 Underwood Ave	≅Add
		Pensacola FL 32503	□Remove
			Change
			□Add
			Change
			
		·	□Remove
			□Add
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n effecti i <mark>te:</mark> If t	ive date is listed, the the date inserted in		c and cannot be prion not meet the appli	cable statutory fil	more than 90 days	p tional) after filing.) Pursuant to this date will not be	
ecord s is filed.		effective date, but	not an effective	time, at 12:01 a.n	n. on the earlier of	î: (b) The 90th day	— after the
ed	ne 5	1	2020	·			
	1.1/1						
	1////	Signature of	of a member or auth	norized representati	ve of a member		-
	<u> </u>	Signature o	of a member or aut	norized representat	ve of a member		