

L20000107739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

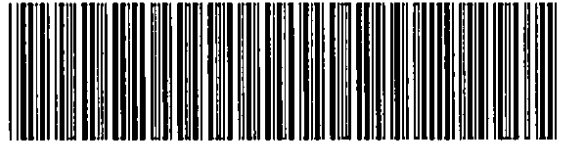
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800355249508

11/19/20--01011--029 **25.00

FILED
2020 NOV 19 PM 12:28

1/21
[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRINITY ONLINE LEARNING
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:

GINETTE SPRINGER-TRINITY
Name of Person

Trinity Online Learning, LLC
Firm/Company

2046 Treasure Coast Plz Ste. A #216
Address

Vero Beach FL 32960
City/State and Zip Code

camilletr2020@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GINETTE TRINITY at (772) 971-0717
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

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

TRINITY ONLINE LEARNING

(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 4/20/2020 and assigned Florida document number L20000107739.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

T & T Learning and Development LLC

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)

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:

GINEE SPRINGER-TRINITY

New Registered Office Address:

2046 Treasure Coast Plaza Ste A216

Enter Florida street address

Vero Beach

City

Florida

32960

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.

Ginee Springer-Trinity

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>
AMBR	Jinel Trinity	2046 Treasure Coast	<input type="checkbox"/> Add
		Plz. Ste A # 216	<input checked="" type="checkbox"/> Remove
		Vero Beach FL 32960	<input type="checkbox"/> Change
AMBR	GINEELLE SPRINGER TRINITY	2046 Treasure Coast	<input checked="" type="checkbox"/> Add
		Plaza Ste A # 216	<input type="checkbox"/> Remove
		Vero Beach, FL 32960	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2020 NOV 19 PM 12:28

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Only remove any connection with Jinel Finity.
Update company name to: T&T LEARNING and
DEVELOPMENT, LLC

2020 NOV 19 PM 12:28

FILED

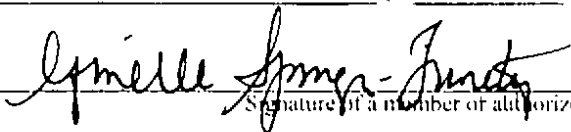
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated _____



Signature of a member or authorized representative of a member

EMELLE SPRINGER-TRINITY

Typed or printed name of signee

Filing Fee: \$25.00