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COVER LETTER

TO:

Registration Section

Divi	sion of Corp	porations		خو ت	
	Nine & Thre	ee Quarters Trim LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	alt correspoi	ndence concerning this matter	to the following:		
		Charles E Delee			
			Name of Person	······	
		Nine & Three Quarters Tri	im LLC		
			Firm/Company		
		1204 Bradbury Rd			
			Address		
		Haines City FL 33844			
			City/State and Zip Code		
		E-mail address: (to be used for future annual report not	fication)	
For further in	dormation co	oncerning this matter, please ca	all:	·	
Charles E Do	elee		at ()		
	Name of	Person	Area Code Daytin	ne Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling 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)	
Reg Div P.O	ling Address gistration S vision of Co D. Box 632 lahassee, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FL	rporations Fallahassee le Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2020 AUG 31 PH 4: 45
ALLAHAS EL FLORIA.

Nine & Three Quarters Trim 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 $\frac{04/21/20}{1}$ and assigned Florida document number _____L20000108552 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 "LLC." 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: New Registered Office Address: Enter Florida street address 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>	Address	Type of Action			
AMBR	Anthony Lee Delee	1204 Bradbury Rd				
		Haines City FL 33844	□Remove			
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e record specifies a delayed efferd is filed.	itive date, b	out not	an effecti	ve time,	at 12:01	a.m. on	the earlie	er of: (b)	The 90)th day af	ter the
Dated August 27			2020								
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X /	Signatur	e of a n	nember or	authorize	d represe	ntative of	a member				

Filing Fee: \$25.00