## 153973 12000 5775

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
L		

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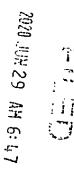


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JUN 2.9 2020

AUG 12 2020 S. YOUNG



COVER LETTER

TO: Registration S Division of Co	rporations	;		
SUBJECT:	Tringx Hon	ne Improvem.  ited Liability Company	ent LLC	
	Name of Lim	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Maria	Veronica V. Ha	le	
	Tringx 1	Home Improven Firm/Company	ient LLC	
	<b>0</b>	Firm/Company	<del></del>	
	/73 7	Tierra Verde W Address	) ay	
		Address	0	
	Brade.	City/State and Zip Code	2	
	Veronica H E-mail address: (	to be used for future annual report not	Emprovement, on microsoft.co	e k
For further information of	concerning this matter, please co		,	
Veronica	Hale	at (904) 770 Area Code Daytim	-0407	
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	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

TRINIX	HOME	IMPI	ROVEME	NT LL	C B	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Name of the Lin	nited Liability (A Florida I	Company as it imited Liability	now appears on Company)	our records.)		! !! r: 
TRINIX  (Name of the Lin  The Articles of Organization for this Limited  Florida document number LZØØØØ I  This amendment is submitted to amend the form  A. If amending name, enter the new name				/os/zozo	and a	ssigned of
The new name must be distinguishable and contain the	e words "Limite	ed Liability Com	pany," the design	ation "LLC" or the	abbreviation "	L.L.C."
Enter new principal offices address, if appl	licable:					
(Principal office address MUST BE A STRE	EET ADDRE	<u></u>				<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE						····
B. If amending the registered agent and/or agent and/or the new registered office addr		office addres	s on our recor	ds, <u>enter the na</u>	me of the n	ew registered
Name of New Registered Agent:			onics V			····
New Registered Office Address:		13 Tier	ra Veid Enter Florida st	e Way		
		radento	n	, Florida _	3421	Z
		Cit	ty		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.

> Maria Toponica Y Hale 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
mc7R	Marin Veronica V. Hale		□Add
			□Remove
	(A	R) Registered Agent (Same Add	(Ress) Change
AR	Sean P. Hale		🗆 Add
			Remove
		(AMBR) Anthorized Member	
AR	Margaret R Hale	<del></del>	□Add
		Notonger with company	⊠Remove
			□Change
			□ Add
			□Remove
			□Change
	<del></del>		🗆 Add
		<u></u>	□Remove
			□ Change
<del></del>			🗆 Add
			□Remove
			□ Change

_	Basically there will be Maria Ver	unica V. Hale
	as the Registered Agent and Sea	n P. Hale
-	as an Anthorized Member, These a	(0 d/2 an/a
-	to the following the second of	1
-	two individuals that should be with the company.	" listed
_	with the company.	
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ecti	ve date, if other than the date of filing:	(optional)
te:	f the date inserted in this block does not meet the applicable statutory filing requirement	ts, this date will not be listed a
cumo	nt's effective date on the Department of State's records.	
YC O.Fr	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	of the The O0th downtonsh
is file		or. (b) The 90th day after the
	0 24	
ted	June 24, 2020.	
-	<i>(</i> ) , , ,	
-	$\mathcal{A} \sim 1/\mathcal{A}$	

Typed or printed name of signee

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