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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

	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:	
	RONALD J HOFF		
		Name of Person	
	TRINITY FLOORING &	SERVICES LLC	
		Firm/Company	. 22
	46 NELLY ST	Address	
		Address	2071 APR 22 MILL 55  SECRETALL STALL SECRETALL SECRE
	FREEPORT, FLORIDA 3	2439	
		City/State and Zip Code	
	HOFFLEYLLC@GMAIL.		
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	alt:	
RONALD J HOFF		at (850) 9046747	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	
Tallahassee, I			Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRINITY TILE & FLOORING LLC		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records. ed Liability Company)	.)
The Articles of Organization for this Limited Liability Compa	ny were tiled on 2020 JULY 07	and assigned
Florida document number L20000193359		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
TRINITY FLOORING & SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Li-	ability 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)	-	
Principal office address most be A street Address)		20   Si
Enter new mailing address, if applicable:		E N
Mailing address MAY BE A POST OFFICE BOX)		
		(1) (7)
		नेंद्री की
3. If amending the registered agent and/or registered offic	e address on our records, enter t	( D
igent and/or the new registered office address here:	<u></u>	
Name of New Registered Agent:		
Name of New Registered Agent.		<del>-</del>
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
<del></del>	City	Zin 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 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	TULLEY, DUSTIN R	214 ARGYLE CHURCH RD	🗆 Add
		DEFUNIAK SPRINGS, FLORIDA 32433	Remove
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