LZ0000 231296

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SECRETARY OF STATE

12/M/20

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations				
SUBJECT:	TRINITY A	MULTI SERVICES	•			
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.			
		ondence concerning this matter				
	•	S				
		Pelerge David				
			Name of Person			
			Firm/Company			
		406 HIGH POINT CT				
			Address			
		MELBOURNE, FI, 32901				
		DEDEDCADAVIDOCMA	City/State and Zip Code			
		REBERCADAVID@GMA E-mail address: (TL.COM to be used for future annual report t	notification)		
For further in	nformation c	oncerning this matter, please c	all:			
REBERCA	DAVID		561 692-5180			
	Name o	f Person	at () Area Code Day	time Telephone Number		
Enclosed is a	i check for th	he following amount:				
■ \$25.00 H		S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	iling Addres		Street Address:	=		
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

· ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

TRINITY MULTI SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF STATE
The Articles of Organization for this Limited Liability Company were filed on 08/03/2020 TALLAHASSEE, FL
and assigned Florida document number <u>L20000231296</u> 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 __. Florida __ City

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 addec or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	PELERGE DAVID	406 HIGH POINT CT	
		MELBOURNE, FL 32901	_
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ective date, if other than the effective date is listed, the date mu	date of filing:		C.SI:	(option	al)	
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rument's effective date on the D	epartment of State	s records.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	are with not be the	ica a.
cord specifies a delayed effective	e date, but not an e	ffective time, at	12:01 a.m. on th	e earlier of: (b)	The 90th day afte	er the
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ed October 19,						
Tu/(1 h.)	Line	\mathcal{V}				
	Signature of a marel	an ar much arigad				

Typed or printed name of signee