121000323340

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

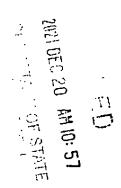
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COVER LETTER

TO: Registration So Division of Cor			
Trail Lake	e Investments, LLC		
SUBJECT:		·	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brian Aragon		
		Name of Person	
		Firm/Company	
	7542 SW 143 Avenue		
	Miami, Ft. 33183	Address	
	Brian.aragonrei@gmail.co	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	(fication)
For further information of	concerning this matter, please c	all:	
Brian Aragon		305 724-8189	
		at ()	ne Telephone Number
Name o	t Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	•	The Centre of	-
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trail Lake Investments, LLC

(<u>Name of the Limited Liabi</u> (A Florid	ility Company ida Limited Liab	as it now appears on our r oility Company)	ecords.)	
The Articles of Organization for this Limited Liability L21000223340	Company we	ere filed on		_ and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liabilit	y company here:		
he new name must be distinguishable and contain the words "Li	imited Liability	Company," the designation	"LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	_			- ·
Principal office address MUST BE A STREET ADD	ORESS)			
	_			
Enter new mailing address, if applicable:	-		-·	
Mailing address MAY BE A POST OFFICE BOX)	-			
	_			
B. If amending the registered agent and/or registered		lress on our records, <u>e</u>	nter the name	of the new registe
agent and/or the new registered office address here:	i.			
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida street a	ddress	202
			_, Florida	2021 Cooke
		City	•	\Zφ ÇòJle ├──N
New Registered Agent's Signature, if changing Register				. O
hereby accept the appointment as registered agen- provisions of all statutes relative to the proper and accept the obligations of my position as registered of the filed to merely reflect a change in the register company has been notified in writing of this change	complete pe agent as pro red office aa	rformance of my dutie wided for in Chapter (s, and I am faj 605, F.S. Or, if	hlliar with and this document is
	If Changin	g Registered Agent, Signa	ure of New Regis	tered 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>	Type of Action
MGR	Brian Aragon	7542 SW 143 Avenue, Miami, FL 33183	≣Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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	date of filing:	1, 66%	optional)
Note: If the date inserted in this bl	ock does not meet the applica	able statutory filing requirement	s after filing.) Pursuant to 605,0207 (s, this date will not be listed as th
Note: If the date inserted in this blocument's effective date on the Defective record specifies a delayed effective	ock does not meet the applicate partment of State's records.	able statutory filing requirement	s, this date will not be listed as th
Note: If the date inserted in this blocument's effective date on the December record specifies a delayed effective	ock does not meet the applicate partment of State's records.	able statutory filing requirement	s, this date will not be listed as th
Note: If the date inserted in this blocument's effective date on the December a delayed effective d is filed. December 6	ock does not meet the applicate partment of State's records. The date, but not an effective ti	able statutory filing requirement	s, this date will not be listed as tl
Note: If the date inserted in this blocument's effective date on the December a delayed effective d is filed. December 6	ock does not meet the applicate partment of State's records. The date, but not an effective ti	able statutory filing requirement	s, this date will not be listed as t
Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D erecord specifies a delayed effective d is filed. December 6 Dated	ock does not meet the applicate partment of State's records. e date, but not an effective ti	able statutory filing requirement	s, this date will not be listed as th

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Filing Fee: \$25.00