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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	of Status
		
Special Instructions to F	iling Officer;	

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I ALBRITTON

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite F • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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TRINITY COMMON	S ON MITCI	HELL, LLC		
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	<u></u>		i 	
	1			Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
			·	Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
0:				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: Seth				UCC 1 or 3 File
	10/20/21			UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

Division of Cor			
Trinity Co	mmons on Mitchell, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	George G. Pappas		
•	-	Name of Person	
	Pappas Law & Title		
		Firm/Company	
	1822 N. Belcher Rd., Suite		
		Address	
	Clearwater, FL 33765		
		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:	
George G. Pappas		727 447-4999	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
	☐ \$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		<u>Street Address:</u> Registration Sc	ction
Registration &		registration be	. '

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassec
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trinity Commons on Mitchell, LLLC		
(Name of the Limited List (A Flor	oillty Company as it now appears on our recouds Limited Liability Company)	rds.)
-	* *	and assigned
Florida document number L21000453975	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Trinity Commons on Mitchell, LLC		
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "LI	C" or the abbreviation "L.I.,C."
Enter new principal offices address, if applicable:	n/a	~3
(Principal office address MUST BE A STREET ADD	mited liability company here: imited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1/a	
Enter new mailing address, if applicable:	r/a	. 7
(Mailing address MAY BE A POST OFFICE BOX)		
		27
B. If amending the registered agent and/or register agent and/or the new registered office address here		er the name of the new registered
Name of New Registered Agent: n/a		
New Registered Office Address:	Enter Florida street addr	ess
		n ' 1
	, P	Oorida 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.

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
		n/a	
			[]Remove
			[]Change
			□Add
			Пепюче
			□Change
			□Remove
			∐Change
			(El Remove
			☐ Change
			DAdd
			ПКепюче
			[] Change
			C]Add
			□Remove
			[]Change

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Filing Fee: \$25.00