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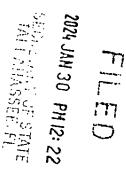
(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

	Registration S Division of Co				
SUBJEC	TRINITY	SIERRA BAY APARTMENT	S. LLC		
SOBJEC	· · ·	Name of Lit	nited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please ret	urn all corresp	ondence concerning this matter	r to the following:		
		Erick L. Deeb, Esq.			
			Name of Person		
		Law Office of Erick L. Do	eeb. P.A.		
			Firm/Company		
		2350 Coral Way, Suite #4	01		
			Address		
		Miami, FL 33145			
		City/State and Zip Code			
		EDeeb@DeebGroup.net			
		E-mail address:	to be used for future annual report not	tification)	
For furthe	r information c	concerning this matter, please c	all:		
Erick Dee	ъ		305 854-2663		
	Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed i	s a check for th	ne following amount:			
□ \$25.0i	0 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)	
	lailing Addres		Street Address:		
	legistration S Division of C		Registration Section Division of Corporations		
P	.O. Box 632	7	The Centre of T	•	
T	allahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appear	ars on our records)
(A Florida Limited Liability Company))
The Articles of Organization for this Limited Liability Company were filed on $\frac{10}{2}$	0/29/2021 and assigned
Florida document number 1.21000470944	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	nere:
TRINITY POINTE, L.L.C.	
The new name must be distinguishable and contain the words "Limited Liability 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)	
	<u> </u>
	JAN 3
Enter new mailing address, if applicable:	1 2 2 E
Mailing address MAY BE A POST OFFICE BOX)	10 P III
Muning undress MAT BE AT OST OFFICE BOAT	m ⁻ⁿ -
	FIS 2
If amonding the registered agent and/intend - 65	FATE PATE
3. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:	records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
	orida street address
	en
City	, Florida 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 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
		 	
			Remove
			□Change
			□Add
:			□Remove
:			□Change
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vote:	ive date, if other than the date of filing:
recor Lis fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	JANUARY 26 . 2024
	Signature of a member or authorized representative of a member