

L21 000503859

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(City/State/Zip/Phone #)

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12/08/21--01008--013 \*\*30.00

21 DEC -9 PM 12:16

T. MATTHEWS

DEC 20 2021

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRINITY LAWN & LANDSCAPE TAMPA BAY, LLC.

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Spiro T. Komminos, Esq.

\_\_\_\_\_  
Name of Person

Komminos Law Firm, PA

\_\_\_\_\_  
Firm/Company

4124 West Linebaugh Ave

\_\_\_\_\_  
Address

Tampa, Florida 33624

\_\_\_\_\_  
City/State and Zip Code

hobsonstne@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Spiro T. Komminos, Esq.

813 326-7610  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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

21 DEC - 10 12:16

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Ellers, Florida 34680-0958

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**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>                  | <u>Address</u>            | <u>Type of Action</u>                      |
|--------------|------------------------------|---------------------------|--------------------------------------------|
| AMBR         | NICOLE BHIM (name corrected) | 1833 Allendale Dr.        | <input type="checkbox"/> Add               |
|              |                              | Clearwater, Florida 33760 | <input type="checkbox"/> Remove            |
|              |                              |                           | <input checked="" type="checkbox"/> Change |
| AMBR         | MATTHEW BHIM (corrected)     | 10538 Chadbourne Dr.      | <input type="checkbox"/> Add               |
|              |                              | Tampa, Florida 33624      | <input type="checkbox"/> Remove            |
|              |                              |                           | <input checked="" type="checkbox"/> Change |
|              |                              |                           | <input type="checkbox"/> Add               |
|              |                              |                           | <input type="checkbox"/> Remove            |
|              |                              |                           | <input type="checkbox"/> Change            |
|              |                              |                           | <input type="checkbox"/> Add               |
|              |                              |                           | <input type="checkbox"/> Remove            |
|              |                              |                           | <input type="checkbox"/> Change            |
|              |                              |                           | <input type="checkbox"/> Add               |
|              |                              |                           | <input type="checkbox"/> Remove            |
|              |                              |                           | <input type="checkbox"/> Change            |
|              |                              |                           | <input type="checkbox"/> Add               |
|              |                              |                           | <input type="checkbox"/> Remove            |
|              |                              |                           | <input type="checkbox"/> Change            |

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

  
Signature of a member or authorized representative of a member

Nicole Bhim, AMBR  
Typed or printed name of signee