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C. BRUMBLE JAN - 4 2022

Registration Section

TO:

COVER LETTER

Division of Co	rporations		
	al Estate Sales LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles or	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Theresa O Kuebbeler		
		Name of Person	
	Trinity Real Estate Sales I	T.C.	
		Firm/Company	
	16249 Four Lakes Ln.		
		Address	
	Montverde, FL 34756		
		City/State and Zip Code	
	TerriKsells@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please e	all:	
Theresa Kuchbeler		321 299-3189 at ()	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	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 Addre Registration Division of C P.O. Box 63. Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oc Street, Suite 810

Authentisign ID: 6A48B8F7-420E-4F3D-8ED5-45647FF8BB95

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trinity Real Estate Sales, LLC			
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our rec ability Company)	cords.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.21000520681}{1.000520681}$	were filed on December 9, 1	2021 :	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "	LLC" or the abbrevia	tion "L.L.C."
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 a agent and/or the new registered office address here:	oddress on our records, <u>en</u>	ter the name of	
Name of New Registered Agent:			<u>.</u>
New Registered Office Address:	Enter Florida street ad	ldress	
	City	. Florida	n Code
New Registered Agent's Signature, if changing Registered Agent:	e.ip	2.0	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties provided for in Chapter 60	s, and I am famil 05, F.S. Or. if th	iar with and is document is

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	Robert Orr	16863 Alpha Ave.	
		Montverde, FL 34756 US	Remove
			∐Remove
			Change
		.	
			∐Remove
			Change
			\ \ \ \ \
			□Remove
			Change
			UAdd
			LIRemove
			IChange
			
		 	□Remove
			-

	
	<u> </u>
Effective da	te, if other than the date of filing:
Note: If the	ffective date on the Department of State's records.
Note: If the document's c	effective date on the Department of State's records. ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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Note: If the document's c	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the