L22000103529

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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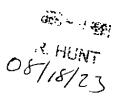


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LIVISION OF CORPORATION

2023 AUG 18 PM 12: LO



COVER LETTER

	ation Sec n of Corp	ction porátions	1	
	P SHELI	F TRINITY LLC		•
SUBJECT:		Name of Lim	ited Liability Company	·
The enclosed Ar	ticles of z	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspoi	ndence concerning this matter	to the following:	
		DYŁAN WAHL		
			Name of Person	
			Firm/Company	
	2023 A			
			Address	901
		TRINITY, FL 34655		18 r
		BRIXWAHL@GMAIL.CC	City/State and Zip Code M	2023 AUG 1 8 PH 12: 40
			to be used for future annual report notifica	ntion) 6
For further infori	mation co	oncerning this matter, please c	all:	
MONICA HABI			352 428-9502 at ()	
	Name of	Person	Area Code Daytime T	elephone Number
Enclosed is a cho	eck for the	e following amount:		
≡ \$25,00 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Address ration S		Street Address: Registration Secti	on
		orporations	Division of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOP SHELF TRINITY LLC

(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on ed Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Comparison document number <u>L22000103529</u> .	ny were filed on 02/28/2	022	and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the design	ation "LLC" or the abbr	eviation "L,L.C	71 21
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)			202	- 13 <u>- 1</u>
			AUG	<u> 5:</u>
				5.≥-
Enter new mailing address, if applicable:			œ	360 1.53
(Mailing address MAY BE A POST OFFICE BOX)			± ==	100 S
agent and/or the new registered office address here: Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida s	rvet address		
		, Florida	_	
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Ager	<u>ıt:</u>			
I hereby accept the appointment as registered agent and agorovisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officeompany has been notified in writing of this change.	te performance of my (s provided for in Chap	duties, and I am far ster 605, F.S. Or, if	niliar with a this docum	ınd
If C)	nanging Registered Agent, S	Signature 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>	Address	Type of Action
AMBR	MICHAEL CONSTANTINE	10715 WATULA COURT	
		NEW PORT RICHEY, FL 34654	■Remove
			□Change
			□Add
			□Remove
			□Change
			DIVISION TARY OF STATE OF STATE OF COMPORATION.
			
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			Remove
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				0	
					<u>-</u>
ective date, if other than t	ne date of filing:			(optional)	
effective date is listed, the date re: If the date inserted in this	nust be specific and c	annot be prior to date	of filing or more than 9	0 days after filing.) Pursu	
ument's effective date on the			attiory ming require	ments, this date with i	or be fisted a
cord specifies a delayed effec s filed.	ive date, but not a	n effective time, at	12:01 a.m. on the ea	rlier of: (b) The 90th	day after the
, mea.					
AUGUST 15	,	2023			
Pyla	1210				
	<i></i>		representative of a men		