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L22000298548

(Requestor's Name)
(Address)
(Address)
(700655)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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11/07/22--01023--022 *+25.00

SECRETARY OF STATE

	1. A.	COVER LETTER		x	
TO: Registration Division of C					
	Y PINE GROUP LLC				
SUBJECT:	Name of Lin	nited Liability Company	<u></u>		
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corres	spondence concerning this matter	r to the following:			
	IBRAHIM MOUSSA				
		Name of Person			
TRINITY PINE GROUP LLC					
Firm/Company					
	611 Druid Rd East Ste 40	4			
	40 <u>_</u>	Address		20) SE	
	Clearwater, FL 33756			2022 NOV - 7 SECRETAR VALUATA	- · · · · ·
		City/State and Zip Code		- VI	,
	accounting@idmmg.com	(to be used for future annual report noti)	ication)		i Vila
For further informatio	n concerning this matter, please			PH 2:2 OF STAT	17.)
IBRAHIM MOUSSA		727 298-2277 at ()		ri 0	
Nan	ne of Person	Area Code Daytime	e Telephone Number		
Enclosed is a check fo	ar the following amount:				
■ \$25.00 Filing Fee	C S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	rate of Status &	
P.O. Box (on Section f Corporations	<u>Street Address:</u> Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee. FL	porations 'allahassee e Street, Suite 8	10	

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01				
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	Group LL inv as it now appears on (iability Company)	pur records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000298548</u> .	were filed on <u>07/05/20</u>)22	_ and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	<u>lity company here</u> :			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designa	ation "LLC" or the abbrev	riation "L.L.	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	···· ···	<u> </u>	
Enter new mailing address, if applicable:		A	2012 N	
<u>(Mailing address MAY BE A POST OFFICE BOX)</u>		>	TA:Y	<u>ب من </u>
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	ddress on our recor	ds. <u>enter the name:</u> الآر الم	f the new STATE	registered
Name of New Registered Agent:		······		
New Registered Office Address:	Enter Florida st	want address		
	Enter r torida St	reei uuuress		
		, Florida	<u></u>	
	City		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.

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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	<u>Type of Action</u>
MGR	Bob Detrie	8028 OLD CR 54, NEW PORT RICHEY, FL 34653	🖬 Add
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			2022 NOV - Remove PH-Change Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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		2022 NOV - 7 PM 2: 20 SEGRETARY OF SIMTE TALLANIASSUE. FL	
		 -7 PH 2:20	

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.

Dated _ Signature of a member or authorized representative of a member

Ibrahim Moussa

Typed or printed name of signee

Filing Fee: \$25.00