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(Ř	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)
PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer.	
	J. HORNE	
	SEP - 6 202	2

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COVER LETTER

	gistration Se ision of Cor			
SUBJECT:	TRINITY (ONE STOP LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		BOLA REZK ALLA		
			Name of Person	
			Firm/Company	
		17227 POPPY FIELDS LS	V	
			Address	·
		LAND O'LAKES, FL 346.	38	
			City/State and Zip Code	
		ESSAM@MKBKSERVICE		
For further is	nformation c	E-mail address: (oncerning this matter, please ca	to be used for future annual report not	ification)
ESSAM KE	RAS		813 368-2872	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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)
	ling Addres		Street Address:	
	gistration S vision of C	orporations	Registration Se Division of Cor	
P.C	. Box 632	7	The Centre of T	Tallahassee
Tal	lahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

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TRINITY ONE STOP LLC

(Name of the Limited Liability Company as it now appears or our records.)

(A Florida Limited Liability Company)

	* 1 **	
The Articles of Organization for this Limited Liability	Company were filed on 07/06/2022	and assigned
Florida document number L22000302058	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited 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 ADD		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere	ed office address on our records, enter t	he name of the new regis
agent and/or the new registered office address here:	, _	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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.

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>	Type of Action
MGR	MARKO MINA	4626 AEGEAN AVE.	= Add
		HOLIDAY, FL 34690	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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effe t <u>e:</u> I	ve date, if other than the date of filing: O7/01/2022 (optional) extive 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 605.03 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
cord s file	I 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 dect.
ed _	09/01/2022
	Bola Rezkalla

Filing Fee: \$25.00