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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

SUBJECT:	AA TRIN	M FINISHER LLC			
30 00 1.	Name of Lim	ited Liabilitý Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Sara Bonakdar			
	Firm/Company 3216 MAGNOLIA ISLAND BLVD Address Panama City Beach, FL 32408 City/State and Zip Code doubleainteriorfinishing@gmail.com E-mail address: (to be used for future annual report notification) rmation concerning this matter, please call: r 850 532-7767 Area Code Daytime Telephone Number ceck for the following amount: ng Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				
		Firm/Company			
	Pa				
			tification)		
For further information c	oncerning this matter, please ca	all:			
Sara Bonakdar		at ()			
Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
Mailing Address Registration S	Section	Street Address: Registration Se	ection		
Division of Corporations		Division of Co			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AA TRIM FINISHER LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed or	n and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	ny here:
The new name must be distinguishable and contain the words "Limited Liability Company."	
Enter new principal offices address, if applicable:	723 T
(Principal office address MUST BE A STREET ADDRESS)	200 元
	<u> </u>
	P P
Enter new mailing address, if applicable:	70.22
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address on or agent and/or the new registered office address here:	ur records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	r Florida street address
Enter	
Cin	, Florida

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>	Name	<u>Address</u>	Type of Action
MGR	Farshid Nezafat	3216 MAGNOLIA ISLAND BLVD	■ Add
		Panama City Beach, FL 32408	_
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			□Remove
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Adding a member				
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i effective date is fisted, the date mi	e date of filing: ust be specific and cannot be prior to block does not meet the applicab Department of State's records.	odate of filing or more than 90 a	(optional) days after filing.) Pursuant to 6 ents, this date will not be li	05.020 isted a
cord specifies a delayed effecti s filed.	ve date, but not an effective time	e, at 12:01 a.m. on the earli	er of: (b) The 90th day af	fter the
ed March 13,	2023			
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	Bur _	·		
	Signature of a member or authorize	zed representative of a member	г	

Filing Fee: \$25.00