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COVER LETTER

10:	Registration S Division of Co			
SUBJE	; CT:	TRINA OL	IVE, CPA LLC ·	
30032	C1	Name of Li	mited Liability Company	•
The enc	losed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please re	eturn all corresp	ondence concerning this matte	r to the following:	
		TRINA OLIVE		
			Name of Person	
		TRINA OLIVE	CPA LLC	
			Firm/Company	
		1224 TIMBER	TRACE DRIVE	
			Address	11313
		WESLEY CHAPEI	., FL 33543	
			City/State and Zip Code	·····
		trina@universaltaxp		
For furth	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no	(ification)
	TRINA OLIV			
•			at (<u>813</u>) <u>428-6596</u>	
	Name o	f Person	Atea Code Daytir	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
⊠ S25.0	00 Filing _, Fee	**Il \$30.00 Filing Fee & Certificate of Status	C) \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S	_	Street Address:	ation.
	Division of Co		Registration Se Division of Co	
F	P.O. Box 632	7	The Centre of T	Tallahassee
7	Tallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRINA OLIVE			
(Name of the Limited Liability C (A Florida Lii	Company as it now appeared Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on _	03/21/2024	and assigned
Florida document number <u>L24000140253</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company l	nere:	
The new name must be distinguishable and contain the words "Limited	Liability Company." the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	 		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our	records, enter the na	nme of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	lorida street address	
		, Florida ,	Zip Code
	City	·	Zip Code
New Registered Agent's Signature, if changing Registered A			
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and conaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	iplete performance i it as provided for in	of my duties, and Fai Chapter 605, F.S. C	n jamutar wun ana)r, if this document is

If Changing Registered Agent, Signature of New Registered 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

Title /o	<u>Name</u>	Address	Type of Action
OWNER MGRM	TRINA OLIVE	1224 Timber Trace Dr. Wesley Chapel, FL	X JAdd
			□Remove
			ElChange
			□Add
			□Remove
			ClChange
			🗆 Add
			□Remove
			DChange
			□Add
			🗆 Remove
			_ □Change
			_ 🗆 Add
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<u> </u>	date, if other the date is listed, the date inserted is effective date c	11 HUS DIOCK BOC	is not incert	ne abblicable	ate of filing or restatutory filin	nore than 90 da ng requiremen	(optional) ys after (iling.) its. this date w	Pursuant to 605.020 vill not be listed a
	cifies a delayed	effective date.	but not an ef	fective time,	at 12:01 a.m.	on the earlier	of: (b) The	90th day after the
record spe is filed.								
record spe is filed. ated			, _20	24 .	TO	0	· >	
is tiled.		Signatur			T. O		·	

Filing Fee: \$25.00