## 10000005932

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
ALLAHASSEE, FLORIO



TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: RESIDENCE DE LA TRINITE, INC.
DOCUMENT NUMBER: N0700005932
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
YANICK GILOT
(Name of Contact Person)
RESIDENCE DE LA TRINITE, INC.
(Firm/ Company)
4320 PINE RIDGE COURT
(Address)
WESTON, FL 33331
(City/ State and Zip Code)
RESIDENCETRINITE@BELLSOUTH.NET  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TIA MAJOR754779.2495
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:

Certified Copy

enclosed)

(Additional copy is

**Mailing Address** 

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

□ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee &

Certificate of Status

Street Address

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

□\$52.50 Filing Fee Certificate of Status

Certified Copy

Enclosed)

(Additional Copy is

## **Articles of Amendment** to Articles of Incorporation of

RESIDENCE DE LA TRIN	NTE, IN	C.		
(Name of Corporation as currently filed	l with the Flo	rida Dept. of State)		
N07000005932				
(Document Num	ber of Corpora	ation (if known)		
Pursuant to the provisions of section 617.1006, amendment(s) to its Articles of Incorporation:	Florida Statute	s, this <i>Florida Not For P</i>	Profit Corporation adop	ts the following
A. If amending name, enter the new name of	the corporati	on:		
				The new
name must be distinguishable and contain the w 'Company" or "Co." may not be used in the n		ion" or "incorporated" (	or the abbreviation "Co	rp." or "Inc."
B. Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFIC	E BOX			
			,	
<ol> <li>If amending the registered agent and/or r new registered agent and/or the new registered.</li> </ol>			ter the name of the	
Name of New Registered Agent:	31 BARD	MOOR HILL C	IRCLE	
		(Florida street address)	TIOLL .	
New Registered Office Address:	·			
<u>Of</u>	RLANDO	)	, Florida 32835	l 
	(City)		(Zip Code)	
New Registered Agent's Signature, if changir				
hereby accept the appointment as registered a	gent. I am far	miliar with and accept the	e obligations of the posi	tion.
			· · · · · · · · · · · · · · · · · · ·	E 6
Signature	of New Regist	tered Agent, if changing		22 8 T

Page 1 of 4

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	V Mik	n <u>Doe</u> te <u>Jones</u> y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>s</u>	YANICK GILOT	4320 PINE RIDGE COURT
Add X Remove			WESTON, FL 33331
2) Change	<u>T</u>	YANICK GILOT	4320 PINE RIDGE COURT
Add Remove			WESTON, FL 33331
3) Change	<u>s</u>	NADIA BERNARD	12 RED WOOD CIRCLE
X Add			PLANTATION, FL 33317
4)Change	<u>T</u>	MAGALIE PIERRE	5521 SOUTH WEST 58 COURT
Add Remove			DAVIE, FL 33314
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)				
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The date of each amendment(s) adoption: 10/4/2012			
Effective date <u>if applicable</u> :	10/4/2012		
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) oproval.		
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.		
Dated	10/08/12		
Signature	ya-Silat		
have r	e chair han or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)		
	YANICK GILOT		
	(Typed or printed name of person signing)		
	RESIDENT		
	(Title of person signing)		