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SECRETARY OF STATE

Amend

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

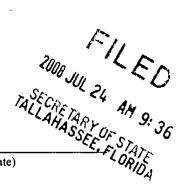
NAME OF CORPORATION: TRINITY	Prooring Liza, Inc
DOCUMENT NUMBER: PO(0000333	,64
The enclosed Articles of Amendment and fee are s	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Joeg & - W - Liz (Name of Co	
Figm/ C	ompany)
950 NE 171 St #	112 ·
	Lach. F2 33/62. nd Zip Code)
For further information concerning this matter, plea	se call:
Jorge · W - Liza (Name of Contact Person)	at () Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation



TRINITY PLOOPING LIZA DAC

(Name of corporation as currently filed with the Florida Dept. of State

(Dayment number of comparison (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

')
3)
Ry
ons N/A)

(continued)

FILING FEE: \$35