## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRIAMDEN TRANSPORTATION LLC

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## **COVER LETTER**

	egistration Se ivision of Cor				
SUBJECT		EN TRANSPORTATION L	LC		
SUBJECT		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub- indence concerning this matter	-		
		Cheyenne Moseley			
			Name of Person		-
		Legalzoom.com, Inc.			
			Firm/Company		•
		101 N. Brand Blvd., 11t	h Floor		5. <b>6</b>
			Address		品
		Glendale, CA 91203	•		19
		triamden@gmail.com	City/State and Zip Code		SEE.
For further	information c	E-mail address: (i oncerning this matter, please ca	to be used for future annual re utl:	port notification)	FOR 19
Cheyenne	e Moseley		800 773	-0888 ext. 9724	
	Name o	f Person	Area Code	Daytime Telephone Numbe	<u>.</u>
Enclosed i	s a check for th	he following amount:			
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Fiting Fee & Certified Copy (additional copy is enclo	Certifica (sed) Certifica	ste of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIAMDEN TRANSPORTATION LLC	•
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we Florida document number £18000270314	ere filed on 11/20/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and end with the words "Limited Liability	y Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	e address on our records, enter the name of the new
·	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	orformance of my duties, and I am familiar with and avided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability
If Changing	ng Registered Agent, Signuture of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CRUICKSHANK, NICOLE C	690 E. GILCHRIST CT., APT. 6A	Add
		HERNANDO, FL 34442	<b>⊠</b> Remove
<u>AMBR</u>	Cozier Cruickshank, Nicole	690 E. GILCHRIST CT., APT. 6A	<b>2</b> ∕ Add
		HERNANDO, FL 34442	□ Remove
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	<i>,</i>		ASSER C
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