## 119000269561

(Requestor's Name)	
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(Document Number)	
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## **COVER LETTER**

SUBJECT:	Name of Lim	ited Liability Company	10, 2 10 10, 10
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Robert McCallum		
		Name of Person	
	Trident Capital Solutions,	L.L.C.	
		Firm/Company	
	556 S.E. Nome Drive		
		Address	
	Port St. Lucie, Florida 349	84	
		City/State and Zip Code	
	jrops@yahoo.com		
	E-mail address: (	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please co	all:	
Robert McCallum		914 826 4345 at ( )	
Name (	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIDENT CAPITAL SOLUTIONS,L.L.C.

2020	l Pri	6: g <sub>:</sub>
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(Name of the Lim	ited Liability Con (A Florida Limit	npany as it now appears on our recorded Liability Company)	<u>(5,</u> )
The Articles of Organization for this Limited I. Florida document number 119000269561	iability Compa	ny were filed on October28,2019	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited li	ability company here:	
WESTEND SERVICES GROUP,L.L.C.			
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	· <u>BOX)</u>	N/A	
B. If amending the registered agent and/or agent and/or the new registered office addresses		e address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street addres.	s
		, Flo	orida
		City	Zip Code

## 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 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 converged from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			[] Add
			□Remove
			☐ Change
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n effective date is listed, the date in this if the date in this	he date of filing:
ecord specifies a delayed effectis filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted May18,	2020
Pol.	t meade
14500	Signature of a member or authorized representative of a member
Robert McCallum	
BUDGEL WICE SHIPM	