

LO7000081653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

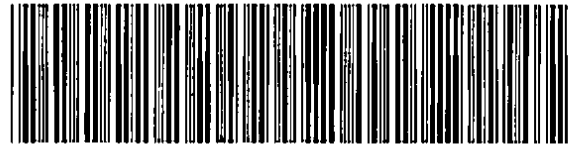
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FILED  
19 SEP 19 PM 2:45  
TALLAHASSEE, FLORIDA

SEP 24 2019  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 10, 2019

CAMERON BAILEY  
TRI-BAILEY GROUP, LLC  
1850 POSNER BLVD  
DAVENPORT, FL 33837

SUBJECT: TRI-BAILEY GROUP, LLC  
Ref. Number: L07000081653

We have received your document for TRI-BAILEY GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 219A00018630

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

TRI BAILEY Group LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAMERON BAILEY

Name of Person

TRI BAILEY Group LLC

Firm/Company

1850 POSNER BLVD

Address

DAVENPORT FL 33837

City/State and Zip Code

BAILEY9072@GMAIL.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

CAMERON BAILEY

Name of Person

at (863)

Area Code

210 0139

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, 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

TR. BAILY GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on

Florida document number \_\_\_\_\_.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

(Principal office address MUST BE A STREET ADDRESS)

1850 POSNER BLVD

DAVENPORT FL 33837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ABOVE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

City

Florida

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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CFO</u>	<u>CAMERON BAILLY</u>	<u>1850 POSNER BLVD</u>	<input type="checkbox"/> Add
		<u>DAVENPORT FL</u>	<input type="checkbox"/> Remove
		<u>33837</u>	<input checked="" type="checkbox"/> Change
<u>P</u>	<u>BETHANY BAILLY</u>	<u>1850 POSNER BLVD</u>	<input checked="" type="checkbox"/> Add
		<u>DAVENPORT FL</u>	<input type="checkbox"/> Remove
		<u>33837</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

Sept 12 2019

~~Signature of a member or authorized representative of a member~~

CAMERON BAILEY  
Typed or printed name of signer