

L13000148907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

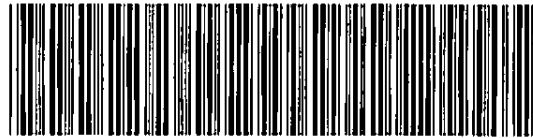
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/22/18--01005--015 ++43.75

RECEIVED
OCT 21 2019

FILED
2020 FEB 18 AM 10:36
SECTION 605
TALLAHASSEE, FLORIDA

Y SULKEP
FEB 18 2020

X



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2019

TRIDENT SALES ASSOCIATES LLC
27499 RIVERVIEW CENTER BLVD
#245
BONITA SPRINGS, FL 34134

SUBJECT: TRIDENT SALES ASSOCIATES LLC
Ref. Number: L13000148907

We have received your document for TRIDENT SALES ASSOCIATES LLC and your check(s) totaling \$43.75. 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).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 519A00023092

2019 DEC 15 12:26
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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Trident Sales Associate 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 10.22.13 and assigned Florida document number L13000148907

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECTION 6
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF MIAMI, FLORIDA

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:

Walter Fedorow

New Registered Office Address:

9175 Celeste Dr #305
Enter Florida street address

Naples
City

FL 34113
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.

Walter Fedorow

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 removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Metzer Holdings	500 Australian Ave S Ste 600	<input type="checkbox"/> Add
		West Palm Beach FL	<input checked="" type="checkbox"/> Remove
		33401	<input type="checkbox"/> Change
MGR	Walter Fedorow	9175 Celeste Dr #305	<input checked="" type="checkbox"/> Add
		Naples FL 34113	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mari E Donovan	9175 Celeste Ave #305	<input checked="" type="checkbox"/> Add
		Naples, FL 34113	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

amended to Trust For Estate Planning
Fedorin Trust DTD May 23, 2019

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Walter Fedorin

Signature of a member or authorized representative of a member

Walter Fedorin

Typed or printed name of signer