

L15000109396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800292676168

12/02/16--01013--013 \*\*25.00

FILED  
16 DEC -2 PM 2:09  
TALLAHASSEE, FLORIDA  
DEPT. OF STATE

DEC 06 2016

Y SULKER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TRIDENT CONSTRUCTION OF FLORIDA 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:

LUIS F. MEJIA

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

4230 SW 24TH STREET

\_\_\_\_\_  
Address

FORT LAUDERDALE, FL 33317

\_\_\_\_\_  
City/State and Zip Code

AHSBIZ@GMAIL.COM

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

For further information concerning this matter, please call:

C.R. BOYETT III

786 512-3405  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

TRIDENT CONSTRUCTION OF FLORIDA 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 06/24/2015 and assigned  
Florida document number L15000109396.

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)

**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:

LUIS F. MEJIA

New Registered Office Address:

4230 SW 24TH STREET

*Enter Florida street address*

FORT LAUDERDAL

, Florida 33317

*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 removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LUIS F. MEJIA	4230 SW 24TH STREET	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL	<input type="checkbox"/> Remove
		33317	<input type="checkbox"/> Change
	C.R. BOYETT III	4230 SW 24TH STREET	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL	<input checked="" type="checkbox"/> Remove
		33317	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

RECEIVED  
18 DEC 2 1992  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
TALLAHASSEE, FLORIDA

16 DEC -2 PM 2:05  
DEPT. OF STATE  
FALLAHASSEE, FLORIDA

16 DEC -2 PM 2 05  
OFFICE OF STATE  
TALLAHASSEE, FLORIDA

**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.

Dated NOVEMBER 11, 2016

Luiz Meyer  
Signature of a member or authorized representative of a member

Typed or printed name of signee