

L15000146 939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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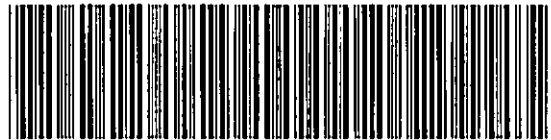
(Business Entity Name)

(Document Number)

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FILED

2018 NOV - 1 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FL

*Amcl*

R. WHITE

NOV 19 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Trident Internatioal 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:

Benjamin Masters

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

Trident International LLC

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

7820 Hawthorne Ave

\_\_\_\_\_  
Address

Miami Beach, FL 33141

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

Benjamin@xpicorp.com

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

For further information concerning this matter, please call:

Benjamin Masters

315 525-3208  
at ( )

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

Area Code

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**

**FILED**

2018 NOV -1 PM 12:43

Trident Internaional LLC

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

CLERK OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 9-11-15 and assigned  
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:**

7820 Hawthorne Ave

**(Principal office address MUST BE A STREET ADDRESS)**

Miami Beach, FL 33141

**Enter new mailing address, if applicable:**

7820 Hawthorne Ave

**(Mailing address MAY BE A POST OFFICE BOX)**

Miami Beach, FL 33141

**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:

Benjamin Masters

New Registered Office Address:

7820 Hawthorne Ave

*Enter Florida street address*

Miami Beach

Florida 33141

*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>
AMBR	Benjamin Sitler	7820 Hawthorne Ave	<input type="checkbox"/> Add
		Miami Beach, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Benjamin Masters	7820 Hawthorne Ave	<input checked="" type="checkbox"/> Add
		Miami Beach, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

**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 10-30-18 \_\_\_\_\_,

B. Masters

Signature of a member or authorized representative of a member

Benjamin Masters

Typed or printed name of signee