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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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Esitia Corporation

315 West Euros, Seito 240

Ann Arbor, NO 48103

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

September 30, 2015

Re: Trident Security Agency LLC

Dear Sir or Madam:

Enitia Corporation has been authorized by John Patterson to file the enclosed Amendment for Trident Security Agency LLC. Enitia Corporation is acting only as the Incorporator.

If you need any additional information, you can reach us at

1-877-281-6496 (toll free) documents@directincorporation.com

We have enclosed an additional \$5.00 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,

Ed Stahlin Enitia Corporation

COVER LETTER

TO:		tion Section of Corporations	
SUBJ	ECT:	Trident Security Agency LLC	
		Name of Limited Liability Company	
The e	nclosed Artic	cles of Amendment and fee(s) are submitted for filing.	
Please	return all co	correspondence concerning this matter to the following:	
		Edward Stahlin	_
		Name of Person	
		Direct Incorporation	_
		Firm/Company	
		315 W. Huron, Ste. 240	_
		Address	
		Ann Arbor, MI 48103	
		City/State and Zip Code	_
		E-mail address: (to be used for future annual report notification)	
For fu	ırther inform	nation concerning this matter, please call:	
	Edward S	Stahlin _{at (} 877 ₎ 281-6496	
		Name of Person Area Code Daytime Telephone Number	<u></u> Эг
Enclo	sed is a chec	ck for the following amount:	
□ \$	25.00 Filing	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certifie	ate of Status &

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 Security Agency LLC (Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.)	
The Articles of Organization for this Limited Liability Company were filed o		and assigned
Florida document number <u>L15000147880</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compar	ny here:	
The new name must be distinguishable and contain the words "Limited Liability Company,"	"the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:	2 - g & 24 - 7 - 4	
(Principal office address MUST BE A STREET ADDRESS)	73	О
	1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	<u> </u>
		9
Enter new mailing address, if applicable:	. V	
(Mailing address MAY BE A POST OFFICE BOX)	-	
	, # 1	<u></u>
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ss on our records, enter the	name of the
Name of New Registered Agent:		
New Registered Office Address:		
Ente	er Florida street address	
Citv	, Florida	ip Code
New Registered Agent's Signature, if changing Registered Agent:	2	ap Coue

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>	Address	Type of Action
AMBR	Kim Patterson	506 S Compass Dr., Fort Pierce, FL 34949	
			Remove
			Change
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			Change

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ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing or te: If the date inserted in this block does not meet the applicable statutory filing	ing requirements, this date will not be listed
cument's effective date on the Department of State's records.	,
record specifies a delayed effective date, but not an effective	time, at 12:01 a.m. on the earlier
he 90th day after the record is filed.	
a/a/a	
$\frac{9/30/20/5}{20}$	
Ind tall	
Signature of a member or authorized representative	ve of a member

Page 3 of 3

Filing Fee: \$25.00