L15000147880

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	∭ Mail
(Business Entity Name)	
(Document Number) Certified Copies Certificates of S	Statu s
Special Instructions to Filing Officer:	
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Office Use Only



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TO: Registration Section Division of Corporations	
SUBJECT: Trident Se	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	Itter to the following:
<u>Kim</u>	Patterson
Trident	Name of Person Security Agency LLC Firm/Company
381 SW	Covington Rd
Port St	1 10 0 20053
Tride	ss: (to be used for future annual report notification)
For further information concerning this matter, plea	l e call:
Kim Patterson Name of Person	at (772) 353 - 5644 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\sigma\$ \$30.00 Filing Fee \$\circ\$ Certificate of State	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) 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

(Name of the Limited Liability Company as it now appears on our records.) (Name of the Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{08/28/2015}{1500047880}$ and assigned
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 "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) OV ST. Lycie Fl.
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: New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Office Address: September Florida Street address. New Registered Office Address: September Florida Fl
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 efficient 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 Acont

or removed fro	m our records:	to mana	ge, <u>enter the title, name, and address of</u>	each person being added
MGR = Mana AMBR = Auth	ager orized Member			
Title	Name		Address	Type of Action
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				Change
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				Remove
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				□ Remove
				□ Change

If amending any other information, enter change(s)) here: (Attach	additional sheets,	if necessary.)	
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				.
				
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's recommendation.	ipplicable statuto	ing or more than 90 da ory filing requiremen	(optional) ys after filing.) Pursus nts, this date will no	int to 605.020 of be listed as
he record specifies a delayed effective date, bu The 90th day after the record is filed	it not an effe	ctive time, at 12	2:01 a.m. on the	e earlier o
Dated 11/15 20	17			ਭੂ <u>-</u>
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Kim Patte	ZVSON	•		.
	printed name of s	ignee		
	Page 3 of 3			

Filing Fee: \$25.00