

Office Use Only



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08/27/19--01004--005 **55.00



Kil your

COVER LETTER

SUBJECT: Trident Yacht Services, 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:
Timothy Lee Redfearn.
Trident Yacht Services, LC
1110 3rd Street South
St. Petersburg, FL33701 City/State and Zip Colly +ridentyachtservices@smail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Timothy Lee Redfear 727-403-7756 Name of Person Lee Redfear Area Code Daytime Telephone Number Timothy Lee Redfear
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$30.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

Tridenty (Name of the Limited	Cht Services LLC Liability Company as it now appears on our records.) Florida Limited Liability Company)
	9/15/2010:
The Articles of Organization for this Limited Liab	, , , , , , , , , , , , , , , , , , ,
Florida document number <u>L 15000</u>	156891
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
N/A	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Unton nous principal offices address if annihilat	Λ / /A
Enter new principal offices address, if applicab	
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	0x)
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
	Marie 1 totale cares and to.
	Florida
	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>	Address	Type of Action
MGR	Sharlyn Kenno	on 1110 3rd Street Sout	<u> </u>
	,	St. Retersburg, FL	Remove
		Address on 1110 3 rd Street Sout St. Reters burg, FL 33701	Change
			
			Remove
			Change
			□ Remove
			Change
			□ Add
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			□ Change

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ffective dat	e, if other than the date of filing: (optional)
an effective da	te, if other than the date of filing:
locument's ef	ffective date on the Department of State's records.
e record sp The 90th	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied day after the record is filed.
~	
Dated	1ctober 24, 2019.
	7. 20 0 0
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00