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Division of Corporations

Fax Number : (850)617-6383

Account Name : NAJMY THOMPSON, P.L.

Account Number : I20090000014 Phone : (941)907-3999 Fax Number : (941)840-5559

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRISTAR 209 HIGHLAND LLC

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Help

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co.	rporations		
	209 HIGHLAND LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Louis Najmy		e.a
		Name of Person	
	Najmy Thompson, P.L.		2021 JUL 2
		Firm/Company	9
	1401 8th Ave W		. 28 PH 4: 12
	# 8 10 10 10 10 10 10 10 10 10 10 10 10 10	Address	
	Bradenton FI, 34205		2 ¹⁶ 2
		City/State and Zip Code	
	Lnajmy@najmythompson.c	om to be used for future annual report notif	ication)
For further information of	concerning this matter, please c		, carrott,
Louis Najmy		941 7482216 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
□ S25.00 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)
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Sec	
Division of O P.O. Box 632		Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRISTAR 209 HIGHLAND LLC		
(Name of the Limite	d Liability Company as it now appears on our records. A Florida Limited Liability Company))
•		
The Articles of Organization for this Limited Lia	bility Company were filed on 04/12/2016	and assigned
Florida document number 1.16000072388		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	****
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	(OX)	
B. If amending the registered agent and/or re agent and/or the new registered office address		he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City,	rida
	City	Zin 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
AMBR	NAJMY, JOSEPH L	1401 8TH AVENUE WEST	
		BRADENTON, FL 34205	■Remove
			□Change
			DAdd
			□Remove
			□Change
			CJAdd
			[]Remove
			□Change
			□Add
			□Remove
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ffective date, if other than the dat an effective date is listed, the date must be	specific and cannot be prior to date of filing	(optional) g or more than 90 days after filing.) Pursuant to 605	.020
<u>lote:</u> If the date inserted in this block ocument's effective date on the Depar	does not meet the applicable statutory	y filing requirements, this date will not be liste	ed a
ocument's effective date on the trepat	them of State 3 records.		
	to but not an affective time at 12:01	a.m. on the earlier of: (b) The 90th day after	r the
record specifies a delayed effective da Lis filed.	te, but not an effective time, at 12.01	a.m. on the carrier of (o) The your day area	
ated July 14	2021		
and			
Sign	nature of a member or authorized represer	stative of a member	

Filing Fee: \$25.00