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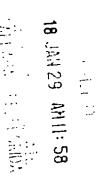
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

	Registration Se Division of Cor			
CUD III		DESIGNS, LLC		
SUBJEC	CT:		nited Liability Company	<del></del>
The encl	osed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Jack E. Delcamp		
			Name of Person	
		Oldham & Delcamp, LLC		
			Firm/Company	
		9800 4th St. N. Ste. 200		
			Address	
		St. Petersburg, FL 33702		
		•	City/State and Zip Code	- · · · - ·
		jack@oldhamdelcamp.com		
		E-mail address: (	to be used for future annual report notifi	cation)
For furth	er information ee	oncerning this matter, please co	all:	
Jack Del	leamp		727 515-3740	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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

TRIDENT DESIGNS, LLC

(Name of the Limi	ited Liability Company as it (A Florida Limited Liability	now appears on our reco Company)	ords.)	
The Articles of Organization for this Limited L Florida document number 1.16000180978	iability Company were f	iled on	and assigned	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liability co	mpany here:		
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applie	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)		<del></del>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	or registered office a	ddress on our recor	rds, enter the name of the new	
New Registered Office Address:	9800 4th St. N. Ste. 20		<u> </u>	
	Enter Florida street address			
	St. Petersburg	, ,	Florida 33702 Zip Code	
New Registered Agent's Signature, if changing			enp come	
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registeing filed to merely reflect a change in the company has been notified in writing of this	ed agent and agree to a per and complete perfor istered agent as provide registered office addre	mance of my duties, ed for in Chapter 60:	and I am familiar with and 5. F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent
Page 1 of 3 Page 1 of 3

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>	Type of Action
MGR	THEODORE MORTONSON	5402 WEST LAUREL ST	
		UNIT 106	☐ Remove
		TAMPA, FL 33607	☐ Change
MBR	BARBARA MORTONSON	5402 WEST LAUREL ST	<b>■</b> Add
		UNIT 106	
		TAMPA. FL 33607	□ Change
	<del></del>		D Add
			□ Remove
<del></del>			Change
			Remove
			Change
			D Add
			□ Remove
			( <b>S</b>
			Add —
			Change

Jack E. Delcamp						
——————————————————————————————————————	ignature of a member or au	thorized representative of	f a member		PM 29	- :
A	2/20	<del></del> ·		<u>:-</u> .	18 J	
Dated January 26th	2018					
f the record specifies a delayed (b) The 90th day after the recor		oot an effective ti	me, at 12:01 a.m	. on the	earli	er of:
E. Effective date, if other than the d (If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the appl	icable statutory filing	re than 90 days after filin requirements, this dat	g.) Pursua e will not	nt to 605 : be list	5.0207 (3)(1 led as the
E. Effective date, if other than the d	late of filing:		(ontions	h		
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Filing Fee: \$25.00