L17000027726

(Requestor's Name)
(Address)
(, local coop)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
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COVER LETTER

Divis	ion of Corpo	orations		
SUBJECT:	TRI COU	NTY PROPERTY SERVICE	S & MANAGEMENT LLC	
		Name of Limi	ited Liability Company	
The enclosed a	Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return a	all correspond	lence concerning this matter	to the following:	
			Claire Louisville	
		-	Name of Person	-
		TRI COUNTY PRO	PERTY SERVICES & MANA	AGEMENT LLC
			Firm/Company	
		1451 W	CYPRESS CREEK RD STE	500
			Address	
		FO	RT LAUDERDALE, FL 3330)
			City/State and Zip Code	 ,
			info@tricountypsm.net	
		E-mail address: (t	to be used for future annual report	notification)
For further inf	ormation con	cerning this matter, please ca	all:	
	Claire Louis	ville	754 368-6591	3
	Name of P	erson	at () Area Code Day	rtime Telephone Number
Enclosed is a c	check for the	following amount:		
■ \$25.00 Fil	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

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

TRI COUNTY PROPERTY SI	ERVICES & MANA	GEMENT LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears o Jiability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000027726</u>	were filed on	02/03/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here	:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	2:	!	2019 AUG -5 AH Go of the new the name 26
		, Florida	
	City	1 1011441	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	v duties, and I am f apter 605, F.S. Or,	amiliar with and if this document is

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Claire Louisville	1451 W Cypress Creek Rd ste 300 Fort Lauderdale, FL 33309	☐ Add
			Remove
		,	
			□ Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change

(If an e <u>Note</u>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	7/30/19
	Signature of a member or authorized representative of a member
	Claire lowisVille

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Filing Fee: \$25.00