

L18000129959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

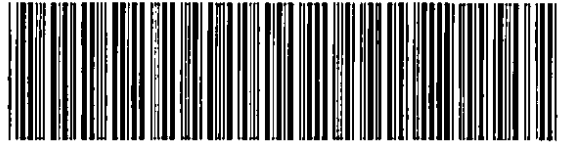
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/23/19--01018--002 \*\*55.00

2019 OCT 29 AM 11:05

R. WHITE  
NOV 28 2019



## Notice of Non Renewal of Lease Agreement

October 23, 2019

**Registration Section**  
**Division of Corporations**  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

To Whom It May Concern,

I am sending an amendment to add my father as a registered agent/owner for our registration with the Division of Corporations. I am sending two versions, since I am not quite sure about the difference between an authorized user and a registered agent. I am requesting a certified copy and in case of missing information necessary to complete this, please don't hesitate to contact me.

Thank you,  
**Diego Cavezas**  
Trident Property Management Company  
Mobile: 321-438-7742  
Office: 772-361-1585  
Email: [tridentpropertymgtorlando@gmail.com](mailto:tridentpropertymgtorlando@gmail.com)  
Address: P. O Box 592376 Orlando, FL 32859

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

TRIDENT REALTY PROPERTY MANAGEMENT GROUP, L.L.C

**SUBJECT:** \_\_\_\_\_  
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:

DIEGO CAVEZAS

\_\_\_\_\_  
Name of Person

TRIDENT PROPERTY MANAGEMENT

\_\_\_\_\_  
Firm/Company

PO BOX 592376

\_\_\_\_\_  
Address

ORLANDO FL 32859

\_\_\_\_\_  
City/State and Zip Code

tridentpropertymgtorlando@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIEGO CAVEZAS

321

438-7742

at (\_\_\_\_\_) \_\_\_\_\_

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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**

2019 OCT 29 AM 11:05

TRIDENT REALTY PROPERTY MANAGEMENT GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/23/2019 and assigned Florida document number 118000129959.

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 "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)**

PO BOX 592376

ORLANDO, FL 32859

**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:

UBALDO CAVEZAS

New Registered Office Address:

5901 TALAVERA ST

ORLANDO

*Enter Florida street address*

**Florida** 32807

*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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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