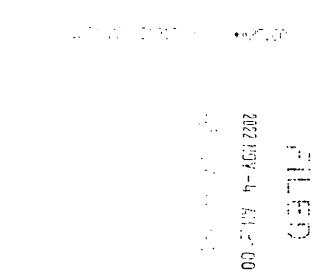


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
rtified Copies Certificates of Status
pecial Instructions to Filing Officer:







A. RIVERS



October 28, 2022

Department of State Division of Corporations The Center of Tallahassee 2415 N. Monroe Street Suite 810 Tallahassee, FL 32303

To Whom It May Concern:

Enclosed for processing are duplicates of the Articles of Amendment for **Trident Consulting Specialists**, LLC. Also enclosed is a check in the amount of \$25.00 to cover the filing fee.

Fax 435-586-9491

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours.

KYLER KOHLER OSTERMILLER & SORENSEN, LLP

Cait Chancey Paralegal

Enclosure

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trident Consulting Specialists, LLC

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appe Liability Company) Sars on our records.)			
cles of Organization for this Limited Liability Company	were filed on _	January 22, 2019	a	nd assig	ned
ocument number L19000022643					
ndment is submitted to amend the following:					
ending name, <u>enter the new name of the limited liah</u>	ility company	<u>here</u> :			
ame must be distinguishable and contain the words "Limited Liabi	lity Company," the	e designation "LLC" or the	abbrevist	ion "L.L.	C."
w principal offices address, if applicable:	411 Walnut S	street, #18285			
al office address MUST BE A STREET ADDRESS)	Springs, FL 32043				
				·- 	
ew mailing address, if applicable:	-			<u> </u>	
address MAY BE A POST OFFICE BOX)					
nending the registered agent and/or registered office address here: Name of New Registered Agent:	address on our	records, enter the na	me of ti	te new	register
New Registered Office Address:			1.	? ?:0	~ .
TOW HOLDStored Office Practices.	Enter F	lorida street address		1	
		, Florida	٠.	 -	1 1 #13
	City	_	Zip	Code	
istered Agent's Signature, if changing Registered Agent:	1			· ·	. *
accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete he obligations of my position as registered agent as p led to merely reflect a change in the registered office by has been notified in writing of this change.	r performance provided for in	of my duties, and I am 1 Chapter 605, F.S. O	fa <mark>m</mark> ili r, if this	ar with docum	and ient is

wed from our records:

Manager = Authorized Member

<u>Name</u>	Address	Type of Action
Scott E. Morse	411 Walnut Street, #18285	
	Green Cove Springs, FL 32043	□Remove
Scott Everett Morse	411 Walnut Street, #18285	□Add
	Green Cove Springs, FL 32043	■Remove
	 _	□Add
		
		□Change
		□Add
		□Remove
		Change
		□Remove
		Change
		□ Add
		□Remove
		Change

nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
ive date, if other than the date of filing:	207 (3)(1 as the
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
9/15/2022	
Consultational by	
Signature of a member of authorized representative of a member	
Scott E. Morse	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00