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COVER LETTER

TO: Registration Section Division of Corporations	original states and the states are the states and the states are t
SUBJECT: Trident Restoration and Chaning Name of Limited Liability Company	<u> </u>
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Aubrey Rassel Name of Person	
Tridery Restoration and Cleaning	00
5208 N. 15th Street	
Tampa F2 33615 City/State and Zip Code AUDYLUSOPHUSSEL @ amail. Ca E-mail/address: (to be used for future annual eport notification)	<u></u>
For further information concerning this matter, please call:	
AUDYLU ROSSOI $at (\frac{\hat{S} / 3}{Area Code}) = \frac{370-5}{Area Code}$	84) none Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

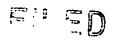
MAILING ADDRESS:

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 Restorate	Wand Chaning LLC	2019 HAY 30 PH 4:
(<u>Name of the Limited Liah</u> (A Flor	pility Company as it now appears on our records.) rida Limited Liability Company)	1 32 34
The Articles of Organization for this Limited Liability Florida document number <u>L190012713</u>	Company were filed on 5/10/19.	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ag		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida 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 adderor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Ap	Mathew Fields	52CE N. 15th Street	🗖 Add
1		5209 N. 15th Street Tampa, FL 33610	□ Remove
			Change
			Remove
			Change
			□ Remove
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(If an effe <u>Note:</u> 1	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier α
Dated ₋	May 25th 2019
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00