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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(*	u.c.s.,	
(Cit	y/State/Zip/Phone	: #)
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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Amend

SEP 2 0 2019 I ALBRITTON

COVER LETTER

CUDIECT.		CONTRACTING, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		DANIELLE PANARELLA		
		TRIFORCE CONTRACTI	Name of Person NG, LLC	
		2446 ORANGEPOINTE A	Firm/Company VE	
		PALM HARBOR, FL 3468	Address 33	
		DAN@TRIFORCECONTR		
For further i	information c	E-mail address: (I oncerning this matter, please ca	to be used for future annual report notifi	cation)
DAN PANA			347 996-8025	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne 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

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

TRIFORCE CONTRACTING, LLC		
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Compa	any were filed on JULY 31, 2019	and assigned
Plorida document number L19000195513		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS	2	
	_	
		0
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		Ę,
Tutting address MAT DE AT OUT OF THEE DOM		
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address l		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
	, Florida	1
	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>	Type of Action
MGR	JOSE F ROSAS	24745 SIENA DR	
			
		LUTZ, FL 33559	_
		<u></u>	Remove
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			Change
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			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated DUBUST 27, 2019. MMMMULA Signature of a member or authorized representative of a member
DANIEUE PANAREUA Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00