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eub le cer	TRIDENT	ADVISORS, LLC	*	
SUBJECT	: <u></u>		nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		George E. Mueller, Jr.		
			Name of Person	-
		Trident Advisors, LLC		al report notification) 273-3601 Daytime Telephone Number e & S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) Address: tration Section on of Corporations
			Firm/Company	······································
		PO Box 2378		
			Address	
		Palm Beach, Fl 33480		
			City/State and Zip Code	
		gmueller@mskapital.com	to have all for firms	
For further i	information c	oncerning this matter, please of	•	ntification)
Susan Dyer		•	561 373-3601	
Name of Person			at ()	nie Telephone Number
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	me receptivate restricts
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)	Certificate of Status & Certified Copy
	iling Addres		Street Address:	
	gistration S	Section orporations	Registration Se	
	D. Box 632		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)	
y were filed on November 15, 2019	and assigned
bility company here:	
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address on our records, enter the i	name of the new register
Enter Florida street address	
En audala	
City , Fiorida	Zip Code
	address on our records, enter the seconds.

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>	Address	Type of Action
MGR	Muto, Richard, SR.	2944 Plantation Road	□Add
		Winter Haven, FL 33884	≣Remove
			□Change
MGR	Trident Acquisition Consultants, ILC	4420 Beacon Circle	= Add
		West Palm Beach, FL 33407	□Remove
			□Change
MGR	RMSR Consultants, LLC	2944 Plantation Road	Add
		Winter Haven, Fl. 33884	
			mcnange
		D >	 □ Add
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an effective date is listed, the date must be ofe: If the date inserted in this block	specific and cannot	ot be prior to da	ite of filing or mor	e than 90 davs afte	r filing.) Pu is date wil	rsuant to 60 I not be lis)5.020 sted a
ocument's effective date on the Depa	rtment of State's	s records.		•			
record specifies a delayed effective datised.	ite, but not an ef	Tective time,	at 12:01 a.m. on	the earlier of: (1	r) The 90	th day aft	er the
December 12,	20	19					
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		the market and the second	d representative of	4:			

Filing Fee: \$25.00