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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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## **COVER LETTER**

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TO: Registration S Division of Co		
SHR IFCT:	TRIDENT REA	L ESTATE ADVISORS' LLC
SUBJECT:	Name of Lis	L ESTATE ADVISORS' LLC mited Liability Company
The enclosed Articles of	Amendment and fee(s) are su	ibmitted for filing.
Please return all corresp	ondence concerning this matte	er to the following:
	KYLE	LAUNIUS
		Name of Person
	TRIPE	NT REAL ESTATE ADVISORS LLC Firm/Company
	<u>9800 4K</u>	6 51 N # 200 Address
	Saint Peters	Jury Fl. 33705  Zity/State and Zip Code
	LAI	INIUS K@ GMAIL . COM (to be used for future annual report notification)
For further information	concerning this matter, please	·
KYLE	LAUNIUS	at ( 727 ) ZO3 ~ O/3   Area Code Daytime Telephone Number
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Section
Division of C		Division of Corporations
P.O. Box 63	27	The Centre of Tallahassee
Tallahassee.	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIDENT REAL ESTATE APPLISORS LLC

(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.)
The Articles of Organization for this Limited Liability Company were for the following the following section $\frac{L Z 00000/8/83}{L}$ .	filed on $OI/IO/zOZO$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	pany," 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:	Der III
(Mailing address MAY BE A POST OFFICE BOX)	Gin G
B. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	s on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
Ci	y Zip Code

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
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		Saint Petersburg, FL 3	23702
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	ne date inserted in s effective date or				ble statutory	filing require	ments, this	date w	/ill not	be listed
ecord sp is filed.	ecities a delayed o	effective date, b	ut not an	effective tin	ne, at 12:01 a	ı.m. on the ea	rlier of: (b	) The	90th da	y after th
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