

LZ0000235064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tip of the Trident Seafood, LLC, a Florida limited liability company.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pamela L. Foster

Name of Person

Tip of the Trident Seafood LLC

Firm/Company

425 Arriola Ave

Address

St. Augustine Beach, FL 32080

City/State and Zip Code

jaguarchick85@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela L. Foster

904

3216683

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Tip of the Trident Seafood, LLC, a Florida limited liability company

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 5, 2020 and assigned
Florida document number L20000235064.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

The new name must be distinguishable and contain the words "Limited Liability Company" the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

425 Arricola Avenue

St. Augustine Beach, FL 32080

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

425 Arricola Avenue

St. Augustine Beach, FL 32080

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Pamela L. Foster

New Registered Office Address:

425 Arricola Avenue

Enter Florida street address

St. Augustine Beach


City

Florida 32080

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>	<u>Type of Action</u>
AMBR	Daniels, Pamela A.	5580 Tower Woods Trail	<input type="checkbox"/> Add
		Tallahassee, Fl. 32203	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Coates-Smith, Pamela A	5580 Tower Woods Trail	<input checked="" type="checkbox"/> Add
		Tallahassee, Fl. 32203	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Foster, Pamela L.	2428 Hirsch Avenue	<input type="checkbox"/> Add
		Jacksonville, Fl. 32216	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Foster, Pamela L.	425 Arricola Avenue	<input checked="" type="checkbox"/> Add
		St. Augustine Beach, Fl. 32080	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Coates, Joseph A.	2428 Hirsch Avenue	<input type="checkbox"/> Add
		Jacksonville, Fl. 32216	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Coates, Joseph A.	425 Arricola Avenue	<input type="checkbox"/> Add
		St. Augustine Beach, Fl. 32080	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change


2020 OCT 22 AM 11:36
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2020 OCT 21

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2020 OCT 21 PM 11:36

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 18 2020


Signature of a member or authorized representative of _____

Signature of a member or authorized representative of a member

Pamela L. Foster, Registered Agent

Typed or printed name of signee