

L20000309890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

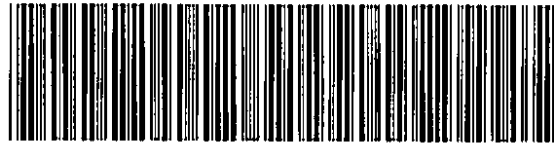
(Business Entity Name)

(Document Number)

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DEC 12 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRI 3 LLC

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:

Sonia N Stroman Gordon

Name of Person

TRI 3 LLC

Firm/Company

600 SW 133 TER

Address

DAVIE, FL 33325

City/State and Zip Code

FSH.TRI.03@GMAIL.COM

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

For further information concerning this matter, please call:

Sonia N. Stroman Gordon 786 416-1365

Name of Person at () Daytime Telephone Number
Area Code

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**

TRI 3 LLC

(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 10/1/2020 and assigned
Florida document number L20000309890.

This amendment is submitted to amend the following:

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

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

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
City Zip Code

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

7:12

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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Task	Time (s)	Success Rate (%)	Notes
1. Add a new task to the queue	1.2	100	
2. Remove a task from the queue	1.5	100	
3. Change the priority of a task	1.8	100	
4. Add a new task to the queue	1.2	100	
5. Remove a task from the queue	1.5	100	
6. Change the priority of a task	1.8	100	
7. Add a new task to the queue	1.2	100	
8. Remove a task from the queue	1.5	100	
9. Change the priority of a task	1.8	100	
10. Add a new task to the queue	1.2	100	
11. Remove a task from the queue	1.5	100	
12. Change the priority of a task	1.8	100	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CEO GORDON, SONIA Changed to STROMAN GORDON, SONIA N

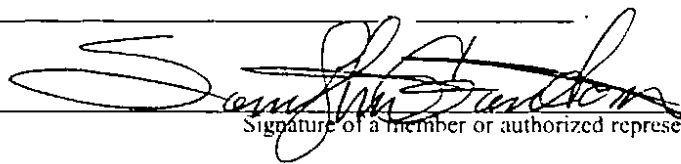
Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

e 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
rd is filed.

Dated OCTOBER 28 2020



Signature of a member or authorized representative of a member

SONIA N. STROMAN GORDON

Typed or printed name of signee