## L20000316196

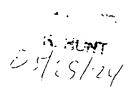
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## **COVER LETTER**

TO: Registration Division of C			
	TRIDENT LIFE OF	RIVERVIEW LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	GEORGE	E. MUELLER, JR	
	<del> </del>	Name of Person	<del></del>
	TRIDEN	T LIFE OF RIVERVIEW LLC	
		Firm/Company	
	4420 BEA	CON CIRCLE	
	<del> </del>	Address	
	WEST PA	LM BEACH, FL 33407	
	GMUELLE	City/State and Zip Code R@MUELLERDG.COM	
	E-mail address: (	to be used for future annual report n	otification)
For further information	1 concerning this matter, please c	all:	
GEORGE	E. MUELLER JR	561-301-1951	
Name	e of Person	Area Code Days	ime Telephone Number
Enclosed is a check for	r 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 Addi Registration Division of P.O. Box 6 Tallahassee	n Section Corporations 327	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, I	orporations Tallahassee roe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIDENT LIFE OF RIVE	RVIEW LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears or rida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number 1 L20000316196	ty Company were filed on	10/06/2020	and assigned
his amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the I TRIDENT LIFE MANA	imited liability company here GEMENT CONSULTING, L		
he new name must be distinguishable and contain the words	Limited Liability Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE BOX)</u>			<del> </del>
3. If amending the registered agent and/or registengent and/or the new registered office address her	ered office address on our rec $oldsymbol{e}$ :	ords, <u>enter the nam</u>	e of the new regis
Name of New Registered Agent:		<del>-</del>	
New Registered Office Address:	Enter Florid	a street address	
		, Florida	
	City	, FIOFIQA	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>	Name	Address	Type of Action
		<del></del>	□Add
		·	□ Remove
		·	□Change
			□Add
			□Remove
			□Change
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Effective date, if other than the date of filing:    S/21/2024   (optional)		
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Filing Fee: \$25.00