

L21 0000 17397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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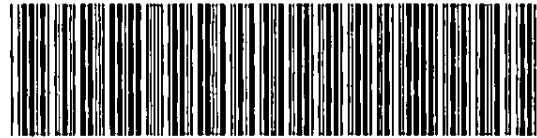
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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2021 JUL 26 PM 2:04
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TALLAHASSEE, FL

8/12/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trident Sports Group 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:

Megan Fuentes

Name of Person

ZenBusiness Inc

Firm/Company

5511 Parkerest Dr Suite 207

Address

Austin, Texas, 78731

City/State and Zip Code

fulfillment@zenbusiness.com

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

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Megan Fuentes

844

493-6249

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**

Trident Sports Group 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 01/05/2021 and assigned
Florida document number L21000017387.

This amendment is submitted to amend the following:

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

Trident Brand LLC

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)

5379 Lyons Rd

#1683

Coconut Creek, FL 33063

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5379 Lyons Rd

#1683

Coconut Creek, FL 33063

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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:

New Registered Office Address:

Enter Florida street address

Florida

City

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	Cebastian Jordan Souffrant ✓	5379 Lyons Rd	<input type="checkbox"/> Add
		#1683	<input type="checkbox"/> Remove
		Coconut Creek, FL 33073	<input checked="" type="checkbox"/> Change
AMBR	MERRIMENT ENTERPRISES INC ✓	5379 Lyons Rd	<input checked="" type="checkbox"/> Add
		#1683	<input type="checkbox"/> Remove
		Coconut Creek, FL 33073	<input type="checkbox"/> Change
AMBR	Shannaya Jaynell Souffrant ✓	7456 Viscaya Circle	<input type="checkbox"/> Add
		Margate, FL 33063	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cebastian Jordan Souffrant ✓	5379 Lyons Rd	<input checked="" type="checkbox"/> Add
		#1683	<input type="checkbox"/> Remove
		Coconut Creek, FL 33073	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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.

Dated July 20, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00