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SECRETARY OF STATE

COVER LETTER

	istration Se ision of Cor		,	
CUDICZT.	TRI-USA I			
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		THAMARA PEREZ		
			Name of Person	
		TABADESA ASSOCIATE	ES INC	
			Firm/Company	
		419 W 49 ST - SUITE 111		
			Address	
		HIALEAH, FL 33012		
			City/State and Zip Code	
		tammyp@tabadesa.com E-mail address: (t	o be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	ill:	
THAMARA	PEREZ		305 558-0622	
	Name of	f Person	at ()	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 H	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)
	iling Addres		Street Address:	ria

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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-USA LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 01/19/2021	and assigned
Florida document number L21000038046		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	_
		·
		s 25
Enter new mailing address, if applicable:		2022 AUG SECRETALL
Mailing address MAY BE A POST OFFICE BOX)		FE US
		FA 72
		PH Y OF NSSE
3. If amending the registered agent and/or registered of	fice address on our records, enter the	name of the new registere
gent and/or the new registered office address here:		TAT 35
		لىب
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street address	
	, Florida	
	City	Zin Coda

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	AVNER ABEHSERA	1920 E HALLANDALE BEACH BLVD PH7	□Add
		HALLANDALE BEACH, FL 33009	■Remove
		···	□Change
AMBR	NOA ABEHASERA	1920 E HALLANDALE BEACH BLVD PH7	□Add
		HALLANDALE BEACH, FL 33009	= Remove
			□Change
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	08/08/2022			
ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the D	it be specific and cannot be prior ock does not meet the applic	to date of filing or more than able statutory filing requir		
record specifies a delayed effectiv Lis filed.	e date, but not an effective t	ime, at 12:01 a.m. on the e	arlier of: (b) The 90th day a	fter the
ated AUGUST 8	. 2022	·		
	B			
	Signature of a number or auth	orized representative of a me	mber	

Typed or printed name of signee