

L21000269343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

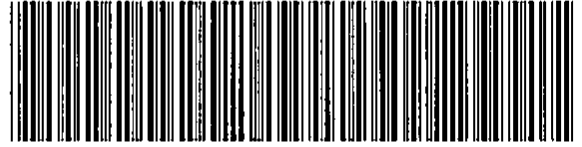
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/05/23--01003--001 **7.50

2023 JUN 23 PM 3:43



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2023

WILLIAM BONNEY
TRI-COUNTY PUBLIC SAFETY AND TRAINING
11290 SOUTHBURY PLACE
JACKSONVILLE, FL 32257 US

SUBJECT: TRI COUNTY PUBLIC SAFETY AND TRAINING , LLC
Ref. Number: L21000269343

2023 JUN 26 PM 3:43

We have received your document for TRI COUNTY PUBLIC SAFETY AND TRAINING , LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

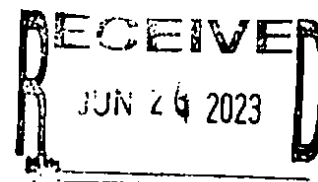
The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez
Regulatory Specialist II

Letter Number: 423A00010595



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tri-County Public Safety and Training 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:

William Bonney
Name of Person

Tri-County Public Safety and Training
Firm/Company

11250 Old St. Augustine Rd Ste. 15-244
Address

Jacksonville, FL 32257
City/State and Zip Code

wbonney@tri-county-dps.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Bonney at (904) 627-4848
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)

6750 check plus 174 Amt. P.

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

(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 6-10-21 and assigned Florida document number L21000269343

This amendment is submitted to amend the following:

A. 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)

11250 Old St. Augustine Rd.
StE. 15-244
Jacksonville, FL 32257

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>
	Jeffrey Carr	11290 Southbury Pl.	<input type="checkbox"/> Add
		Jacksonville FL	<input checked="" type="checkbox"/> Remove
		32257	<input type="checkbox"/> Change
Asst. Chief	Andrew Addington	11250 Old St. Augustine Rd.	<input checked="" type="checkbox"/> Add
		Ste 15-244,	<input type="checkbox"/> Remove
		Jacksonville, FL 32257	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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