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## **COVER LETTER**

TO: Registration Section Division of Corporations	• '
SUBJECT: Triandly Tol	ving Services, LLC
The enclosed Articles of Amendment and fee(s) are submitted	d for filing.
Please return all correspondence concerning this matter to the	following:
Wilian Ve	Name of Person
	Firm/Company
1114 Port	Malabar blyd NE
Palm	Address  Bay 32905  cy/State and Etp Code  as a Grail Con- used for future annual eport notification)
Snile 78	used for future annual coort notification)
For further information concerning this matter, please call:	acce to made animaly special control of the control
	201 - 366 - 6670
Name of Person	at (301) - 366 - 6670 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

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

(Name of the Limited	Liability Company	SWV, (L), LL (	··		
		s it now appears on our records.) htty Company)			
The Articles of Organization for this Limited Liab Florida document number <u>し 210002</u> 7	oility Company we 6938	re filed on <u>Db [14] Zí</u>	) <u>2/</u> ar	nd assign	ned
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he limited liability	company here:			
The new name must be distinguishable and contain the word	ds "Limited Liability (	Company," the designation "LLC" or t	he abbreviati	on "L.L.C	
Enter new principal offices address, if applicab	ole:		<del> </del>		
(Principal office address MUST BE A STREET)	ADDRESS)				
					<del></del> .
Enter new mailing address, if applicable:	_	, <u></u>			
(Mailing address MAY BE A POST OFFICE BC	<u> 2X)</u> _				
	_				· <del>-</del> · ·
			e.,	- 7	
B. If amending the registered agent and/or registered affice address I		ress on our records, enter the	name of th	ie new i	<u>egisterec</u>
			•	ſ	
Name of New Registered Agent:				C:)	
New Registered Office Address:				<u> </u>	4 - 1 
New Registered Office Address.		Enter Florida street address		— <del>€2</del>	• • • •
		. Florida	$\{r_i\}$	)7	
		City	Zip	Code	
New Registered Agent's Signature, if changing Reg	gistered Agent:				
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete pe ered agent as pro gistered office ad	formance of my duties, and I vided for in Chapter 605, F.S.	am familia Or, if this	ir with . docum	and ent is

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>	Address	Type of Action
AMBO	Auralita Leal Sun	20 1114 Port Malaker b	IND NE PALIM
711100			□Remove
AMBR	Wilian Velasquez	- 114 Port Male boar blud	OChange NE Salu Bic
			□Remove
			Z Change
			□ Add
			Remove
			□Change
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	tive date, if other than the date of filing:
he reco	ord 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 filed.
Date	, 7/8/2021
	Signature of a member or authorized representative of a member
	110/600
	William VC (a.5 9 CC Z Typed or printed name of signee

Filing Fee: \$25.00