

L21000408660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400403556344

04/05/23--01002--020 \*\*\$50.00

4/5/23  
V.L.W.

RECEIVED  
2023 APR -5 PM 1:32  
TALLAHASSEE, FL

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 APR -5 PM 1:48

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRIO Triecta dispatching 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:

Darius Wilson  
Name of Person

TRIO Triecta dispatching LLC  
Firm/Company

806 White drive Apt D1  
Address

Tallahassee, FL 32304  
City/State and Zip Code

TRIOtriecta2022@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darius Wilson at (850) 408-2648  
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

TRID TRIFECTA DISPATCHING LLC

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 <del>AMGR</del>	Reginald Wilson	3131 McCord Blvd	<input type="checkbox"/> Add
		Tallahassee, FL 32303	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carlus Wilson	306 White dr Apt D1	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32304	<input type="checkbox"/> Remove
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Amending EIN information adding 92-3263026

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

If the record 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 record is filed.

Dated 4/5/2023

Darius Wilson

Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00