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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

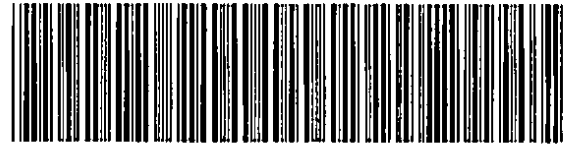
(Business Entity Name)

(Document Number)

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D. BRUCE
DEC 05 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tri Moving 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:

Erwin, Cynthia A
Name of Person

Tri Moving LLC
Firm/Company

751 N Pine Island Rd #106
Address

Plantation, FL 33324
City/State and Zip Code

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

For further information concerning this matter, please call:

Cynthia Erwin at (786) 720 4245
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

Tri Moving LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
CEO	Erwin, Cynthia A	751 North Pine Island Rd	<input type="checkbox"/> Add
		#106	<input checked="" type="checkbox"/> Remove
		Plantation, FL 33324	<input type="checkbox"/> Change
AMBR	Erwin, Cynthia A	751 North Pine Island	<input type="checkbox"/> Add
		#106	<input type="checkbox"/> Remove
		Plantation FL 33324	<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

100

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 November 10, 2021

Cynthia L.
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Cynthia Erwin
Typed or printed name of signee

Typed or printed name of signee