



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000217029 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAXCARE SOUTH MIAMI
Account Number : I20210000129
Phone : (786)647-5866
Fax Number : (786)465-2822

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: corina.smith@taxcareinc.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRION AEROSPACE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

2022 JUN 23 AM 8:16

2022 JUN 23 AM 8:29
OFFICE OF THE CLERK
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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T. LEMIEUX

JUN 24 2022

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: TRION AEROSPACE 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:

CORINA A. SMITH PARRA

Name of Person

TAXCARE SOUTH MIAMI

Firm/Company

1400 NW 107TH AVE STE 203

Address

MIAMI, FL 33172

City/State and Zip Code

CORINA.SMITH@TAXCAREINC.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call.

CORINA A. SMITH

786 647-5866
at ()

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

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

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MGR = Manager

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AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	MARKS, ALTRIN	1400 NW 107TH AVE STE 203	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	SAMBANDAMOORTHY, SIVAKUMAR	1400 NW 107TH AVE STE 203	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Sivakumar Sambandamoorthy
Signature of a member or authorized representative of a member

Typed or printed name of signer

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