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SECRETARY OF STATE



A. BUTLER
JUN - 7 2022

COVER LETTER

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

TO:

P.O. Box 6327

Tallahassee, FL 32314

то:	Registration Se Division of Cor		· · · · ·					
SUBJE	CT: TRT	- County Property Name of Lim	ited Liability Company	Rmouring Selvice				
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspo	ndence concerning this matter	to the following:					
		Rufus m	TAYlor Name of Person					
		TRI-County P	roperty Managment Tr Firm/Company	Actor Moung Service				
		982NE Doub	Le Run Rd Address					
		LAKE CITY F	City/State and Zip Code					
		+Aylor 32055 E-mail address: (O G-MAII · COM	fication)				
For fur	ther information co	oncerning this matter, please c	ail:					
Rufus mTAylor Name of Person			at (386) 365 - 3613 Area Code Daytine Telephone Number					
Enclose	ed is a check for th	e following amount:						
☐ \$ 2:	5.00 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 Addres Registration S Division of C	Section	Street Address: Registration Sec Division of Cor					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TrI-County Prope	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company) SECRETARY	Milling Selvice
<u> </u>	(A Florida Limited Liability Company) SECRETARY	DE STATE
The Articles of Organization for this Limited Li	iability Company were filed on 0.47072	F STATE
Florida document number <u>L 22 000 17</u>	1304	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
Principal office address MUST BE A STREE	T ADDRESS)	
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:	 	
Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or ragent and/or the new registered office address	registered office address on our records, <u>enter the</u> ss here:	name of the new registered
Name of New Registered Agent:	Rufus m Taylor	
New Registered Office Address:	982 NE Double Run Rd Enter Florida street address	
	LAKE CITY Florid	ia 32055

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>	Address	Type of Action
AMBR	Rufus m Taylor	922 NE Double Run Rd	
		LAKE CITY FL, 32055	□Remove
			Change
AMBR	Robyn R TAYLOR	982 NE Double Run Rd	□Add
		LAKE CITY FL, 3205	S iXRemove
			□Change
			□Add
			□ Remove
			□ Change
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an effective lote: If the	date is listed, date inserte		be specific a ock does not	nd cannot b t meet the	applicable :				ling.) Pursua	int to 605.0207 of be listed as
record spec Lis filed.	rifics a delay	yed effective	: date, but ne	ot an effec	ctive time, a	it 12:01 a.m	, on the ear	licr of: (b)	The 90th	day after the
ated		U/7 D.1		. 20 Ynh	22.					
_		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Signature of a		··········					