

9/2/22, 9:10 AM

Division of Corporations

**L22000359150**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**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.

((H22000302940 3)))



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To:

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

From:

Account Name : LEGALZOOM.COM INC.  
 Account Number : I20010000062  
 Phone : (323)962-8600  
 Fax Number : (323)389-0502

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

Email Address: \_\_\_\_\_

2022 SEP -2 PM 4:32  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**TRISTAN TRANSIT LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 05      |
| Estimated Charge      | \$55.00 |

C. BRUMBLEY

SEP - 6 2022

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TRISTAN TRANSIT 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:

Cheyenne Moseley

\_\_\_\_\_  
Name of Person

Legalzoom.com, Inc.

\_\_\_\_\_  
Firm/Company

101 N Brand Blvd 11th Fl

\_\_\_\_\_  
Address

Glendale, CA 91203

\_\_\_\_\_  
City/State and Zip Code

claytontaylor150@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

800

773-0888

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRISTAN TRANSIT LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/15/2022 and assigned Florida document number L22000359150.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**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>       | <u>Address</u>                                      | <u>Type of Action</u>                      |
|--------------|-------------------|---|--|
| MGR          | Clayton Taylor    | 8420 SW 3RD CT, APT 205<br>PEMBROKE PINES, FL 33025 | <input checked="" type="checkbox"/> Add    |
|              |                   |   | <input type="checkbox"/> Remove            |
|              |                   |   | <input type="checkbox"/> Change            |
| MGR          | TAYLOR, TRISTAN C |   | <input type="checkbox"/> Add               |
|              |                   |   | <input type="checkbox"/> Remove            |
|              |                   | 8420 SW 3RD CT, APT 205<br>PEMBROKE PINES, FL 33025 | <input checked="" 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            |
|              |                   |   | <input type="checkbox"/> Add               |
|              |                   |   | <input type="checkbox"/> Remove            |
|              |                   |   | <input type="checkbox"/> Change            |

