

L23000292545

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : I20050000099
Phone : (813)932-5244
Fax Number : (813)932-3782

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

Email Address: info@activatemylicense.com

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRI COUNTY HURRICANE PROTECTION LLC

Certificate of Status	0
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Page Count	05
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M. SOLOMON

JUN 26 2023

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: TRI COUNTY HURRICANE PROTECTION 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:

KIM RITTER

Name of Person

CONTRACTORS REPORTING SERVICE INC

Firm/Company

23110 SR 54 PMB 336

Address

LUTZ, FL 33549

City/State and Zip Code

info@activatemylicense.com

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

For further information concerning this matter, please call:

KIM RITTER

Name of Person

813

Area Code

932-5244

Daytime Telephone Number

SECRETARY OF STATE
HATTI SHASSEE, FLOP107

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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TRI COUNTY HURRICANE PROTECTION 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 6/16/2023 and assigned Florida document number L23000292545.

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)

Form with lines for entering principal office address and mailing address.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

Line for entering Name of New Registered Agent

New Registered Office Address:

Line for entering New Registered Office Address

Enter Florida street address

Line for entering City, Florida, Zip Code

City

Florida

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR		GORDON M BENNETT	<input checked="" type="checkbox"/> Add
		2222 SE 1ST TERRACE	<input type="checkbox"/> Remove
		CAPE CORAL, FL 33990	<input type="checkbox"/> Change
AMBR		DARRYL A CIFERRI	<input checked="" type="checkbox"/> Add
		3000 NW 46TH PL	<input type="checkbox"/> Remove
		CAPE CORAL, FL 33993	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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