

123000508194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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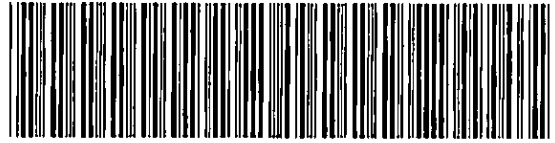
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FL

2024 DEC 16 AM 11:56

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# COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Frogmans Retreat, 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:

Hector Delgado  
Name of Person  
Frogmans Retreat LLC  
Firm/Company  
3468 Canal Ct  
Address  
Jupiter, FL  
City/State and Zip Code  
33469  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hector Delgado at 561 319-3400  
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

DEC 16 AM 11:56  
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Frogman's Retreat, 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 \_\_\_\_\_ and assigned  
Florida document number \_\_\_\_\_.

This amendment is submitted to amend the following:

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

Trident Warfare, LLC

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:**

3468 Canal Ct

**(Principal office address MUST BE A STREET ADDRESS)**

Jupiter, FL 33469

**Enter new mailing address, if applicable:**

Same as above

**(Mailing address MAY BE A POST OFFICE BOX)**

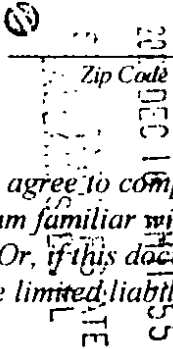
**3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida  
City



**New Registered Agent's Signature, if changing Registered Agent:**

*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	James Quigley	24595 SW 124th Ave	<input checked="" type="checkbox"/> Add
		Homestead, FL 33032	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nicole Shiveley	24595 SW 124th Ave	<input checked="" type="checkbox"/> Add
		Homestead, FL 33032	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

49  
STATE OF FLORIDA  
HALL COUNTY, FL  
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[illegible]

**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.

Dated Dec 13 2024

Signature of a member or author

(Signature of a member or authorized representative of a member)

**Hector Delgado**

Typed or printed name of signee

THE UNIVERSITY OF CHICAGO

DEC 16 AM 11:55

100-443887-100

**Filing Fee: \$25.00**