

L24 000006952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

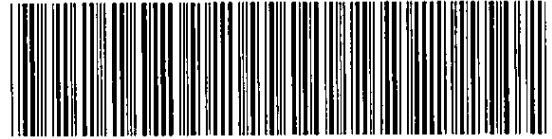
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2024 JUL 16 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

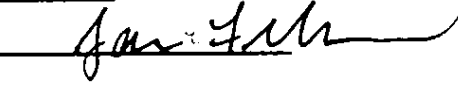
2330 CLARE DR
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

Please use funds from account: I20210000160: \$60.00

Authorization Signature: 

Business Name: TRIOUT FL1 LLC

Document # L24000006952

☒ **X** **Certified Copy**

☒ **X** **Certificate of Status**

NEW FILINGS

&

AMENDMENTS

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ Corp

☐ Inc

☐ Other

☒ **X** **Amendment**

☐ Resignation / Dissociation

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Amended & Restated Articles of Incorporation

☐ Statement of Authority

APOSTILLE(s)

&

OTHER FILINGS

☐ Apostille(s)

☐ Country(s)

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Fictitious Name

☐ Annual Report

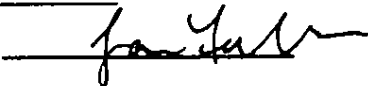
EXAMINER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC

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AMENDMENTS

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- Other

- X Amendment
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- Change of Registered Agent
- Revocation of Dissolution
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- Amended & Restated Articles of Incorporation
- Statement of Authority

APOSTILLE(s)

&

OTHER FILINGS

- Apostille(s)
- Country(s)

- Foreign Filing
- Reinstatement
- Qualification
- Fictitious Name
- Annual Report

EXAMINER'S INITIALS:

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRIOUT FL1 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:

Michael S. Outlaw

Name of Person

Firm/Company

18331 Pines Blvd, Suite 319

Address

Pembroke Pines, Florida 33029

City/State and Zip Code

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

For further information concerning this matter, please call:

Michael S. Outlaw

754 312-5439
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

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

TRIOUT FL1 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 12/28/2023 and assigned
Florida document number L24000006952

This amendment is submitted to amend the following:

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

Sparkman Drive Property, 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:

(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

[illegible]

(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.

Signature _____
Michael S. Outlaw

Michael S. Outlaw

Typed or printed name of signee