

L2400000716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

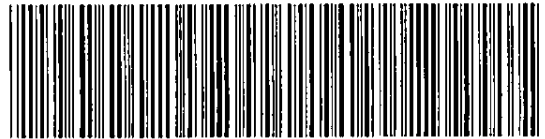
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800431384968

2024 JUL 16 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FL
FID

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

5. PLINT

7/16/24

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: *for full*

Business Name: TRIOUT FL2 LLC

Document # L24000007116

 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: _____

FILED
2021 16 AM 8:18
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIOUT FL2 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 ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

RECEIVED
TALLAHASSEE, FL
JAN 16 AM 8:19

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

TRIOUT FL2 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 L24000007116.

This amendment is submitted to amend the following:

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

Triout 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

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>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

2025 JUN 15 10:00 AM
CLARK COUNTY OF STATE
TALLAHASSEE, FL

RECEIVED
JAN 16 AM 8:19
CLERK OF STATE
TALLAHASSEE, FL

16 MAY 1964
DEPT. OF STATE
WASHINGTON, D.C.

(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.

Dated July 16, 2024

Michael S. Outlaw

Michael S. Outlaw

Typed or printed name of signee