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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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> 2024 HAR ZB AM 11: 06 SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Trident Golar (	ompany		
Name of Linn	ned Liabinty Company		
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspondence concerning this matter	to the following:		
	Name of Person	_	
Tracer 30	lar Company Firm/Company	_	
3029 Tuja	ques PL Address	-	
Pensacola,  J.lindse  E-mail address: 11	Address  FL 32505  City/State and Zip Code  ay & Trident Solar Company.  The used for future annual report notification)	- CoM	
For further information concerning this matter, please co	all:		
Jeremy Lindsay	at ( <u>850</u> ) <u>221–9004</u> Area Code Daytime Telephone Number	er	
Enclosed is a check for the following amount:		s 20	
☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 F  Certified Copy Certifier (additional copy is enclosed) Certifier (additional	ate of Status	TIMO
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	TATE	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trident Solar Company

(Name of the Limited Liability Company of 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 liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	SE PL
New Registered Agent's Signature, if changing Registered Agent:	City	R LA
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as placing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I an provided for in Chapter 605, F.S. O	r, <b>Plus</b> document is

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>	<del></del>	Type of Action
AMBR	Craig Sinkfield	1640 W. Intendencia	_⊞Add
		1640 W. Intendencia Pensacola, FL 32501	_ □Remove
	Tyler		_ 🗆 Change
<u>AMB</u> R	Mike Moore	2485 E. Johnson Ave	
		Pensacola, FL 32514	_ □Remove
			_ 🗆 Change
			_□Add
			_ □Remove
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an effective date is l lote: If the date ir	other than the date isted, the date must be s iserted in this block d we date on the Depart	specific and cannot be does not meet the ap	pplicable statutory	or more than 90 day	(optional) ys after filing.) Purs its, this date will i	mant to 605.020° not be listed as
	delayed effective dat	e, but not an effecti	ve time, at 12:01 c	n.m. on the earlier	of: (b) The 90	after the
l is filed.					AL.	i Ti
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212	1	$\frac{1}{2}$			NY S	771
pared $\frac{2/2}{}$					(AC)	
Pated $\frac{2/2}{}$		Lin				EC
Dated 2/2	Sign	ature of a member or	authorized represent	anve of a member	SEE, FL	_ <u>=</u> 0