

L99000001101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

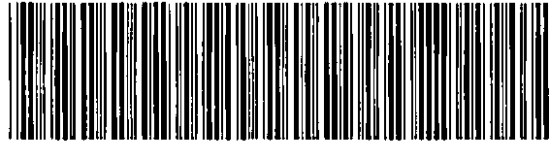
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See 03/20/24 Statement of Fact

RECEIVED
TALLAHASSEE, FLORIDA

2023 NOV 17 PM 3:45

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$25.00

Authorization Signature:  :

TRINITY AIR AMBULANCE INTERNATIONAL LLC L99000001107

BUSINESS NAME **DOCUMENT #**

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ CORP

☐ Other

☐ Other

AMMENDMENTS

☒ **Amendment**

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Restated Articles of Incorporation

☐ Statement of Authority

OTHER FILINGS

☐ Apostille

☐ Country

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Reinstatement

☐ Qualification

☐ Other

EXAMINER'S INITIALS: _____

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☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRINITY Air Ambulance International 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 Pollard
Name of Person

Trinity Air Ambulance International LLC
Firm/Company

3535 GALT OCEAN Drive
Address

fort LAUDERDALE FL 33308
City/State and Zip Code

Mike Pollard 30309 mail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Pollard at (904) 3769763
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**

Trinity Air Ambulance International 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 02-26-1999 and assigned
Florida document number 499000001167

This amendment is submitted to amend the following:

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

Same

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:

Same

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4830 Arid Ave #2065
Las Vegas NV 89115

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:

Same

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> |
|--------------|-----------------|------------------------------|--|
| mgm | SKRODER TOR | 3535 GALT Ocean Drive | <input type="checkbox"/> Add |
| | | Fort LAUDERDALE FL | <input type="checkbox"/> Remove |
| | | 33308 | <input checked="" type="checkbox"/> Change |
| mgm | SKRODER LARS | 3535 GALT Ocean Drive | <input type="checkbox"/> Add |
| | | Fort LAUDERDALE FL | <input type="checkbox"/> Remove |
| | | 33308 | <input checked="" type="checkbox"/> Change |
| P | Michael Pollard | 4830 ARID AVE #2065 | <input checked="" type="checkbox"/> Add |
| | | Las Vegas NV 89115 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| + | Michael Pollard | 801 Cherry Street Fort Worth | <input checked="" type="checkbox"/> Add |
| | | TX 76102 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| P | Michael Pollard | 1525 NW 56th St, Hanger | <input checked="" type="checkbox"/> Add |
| | | F, Fort Lauderdale, FL | <input type="checkbox"/> Remove |
| | | 33309 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

up Date trust

E. Effective date, if other than the date of filing: OCT 23-23 (optional)

(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)

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.

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 OCT 23, 2023

RL Beneficiary of Estate
Signature of a member or authorized representative of a member

RL Beneficiary of Estate
Typed or printed name of signee

Filing Fee: \$25.00