

M17000002222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

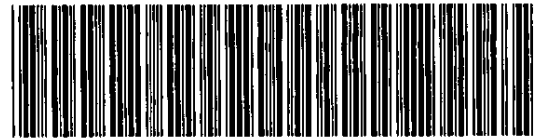
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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08/02/17--01024--026 **25.00

FILED
17 SEP - 6 AM 8:49
ALLAHASSEE, FLORIDA

SEP 07 2017

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2017

MICHAEL MCCOMB
3270 SUNTREE BLVD #1133
MELBOURNE, FL 32940

SUBJECT: TRIFECTO DESIGN LLC
Ref. Number: M17000002222

We have received your document for TRIFECTO DESIGN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The form you submitted is for a FLORIDA LLC, but your entity is a FORIEGN LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 517A00015901

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trifecto Design LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael McComb

Name of Person

Trifecto Design, LLC

Firm/Company

3270 Suntree Blvd. #1133

Address

Melbourne, FL 32940

City/State and Zip Code

Trifecto design@gmail.com

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

For further information concerning this matter, please call:

Michael McComb

Name of Person

at (321) 266-8388

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Triecto Design, LLC

Enter new principal office address, if applicable:

(Principal office address

MUST BE A STREET ADDRESS)

3270 Suntree Blvd #1133
Melbourne, FL 32940

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

3270 Suntree Blvd #1133
Melbourne, FL 32940

2. The Florida document number of this limited liability company is: M17000002222
mm

3. Jurisdiction of its organization: ~~M17000002222~~ Delaware

4. Date authorized to do business in Florida: 3/14/2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: 3270 Suntree Blvd #1133

Enter Florida Street Address

Melbourne, Florida 32940
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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Removal of Partner Keith Walters

Title/ Capacity

Name

Address

Type of Action

mm

☐ Add

☐ Remove

P

Keith Walters

984 Florida Ave S.

☐ Add

Rockledge, FL 32955

☒ Remove

FILED
17 SEP - 6 AM @ 4:30
CLERK OF COURT
FLORIDA

☐ Remove

☐ Add

☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Mike McComb

Typed or printed name of signee

Filing Fee: \$25.00