

M24000004075

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : NEVADA CORPORATE HEADQUARTERS, INC
Account Number : 1202400000024
Phone : (800)508-1726
Fax Number : (702)514-6187

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRI-NI CONTRACTOR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALY

JUL 30 2024

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2024 JUL 29 AM 11:15

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2024 JUL 29 AM 4:24

FILED



July 29, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TRI-NI CONTRACTOR, LLC
111 COLYER DR
LONGWOOD, FL 32779US

SUBJECT: TRI-NI CONTRACTOR, LLC
REF: M24000004075

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H24000252466
Letter Number: 424A00016684

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRI-NI CONTRACTOR, 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:

DTACHIBANA
Name of Person

NCH REGISTERED AGENT
Firm/Company

1450 VASSAR STREET
Address

RENO, NV 89521
City/State and Zip Code

RENEWALS@NCHINC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NCH REGISTERED AGENT at (800) 508-1726
Name of Person Area Code & Daytime Telephone Number

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

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

CR2E055 (9/15)

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**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: TRI-NI CONTRACTOR, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M240000004075

3. Jurisdiction of its organization: TX

4. Date authorized to do business in Florida: 03/28/2024

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

5. New name of the limited liability company: TRI-NI SERVICES, LLC
(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 a 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: _____

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

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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:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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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.

Dianne Ayala

Signature of the authorized representative

DIANNE AYALA

Typed or printed name of signee

Filing Fee: \$25.00

FILED
JUL 29 2024
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT
JUL 29 2024

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



Jane Nelson
Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING OF

TRI-NI SERVICES, LLC
804683080

[formerly, TRI-NI CONTRACTOR, LLC]

FILED
2024 JUL 29 AM 4:24
RECEIVED
TALLAHASSEE, FLORIDA

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 07/25/2024

Effective: 07/25/2024



A handwritten signature of Jane Nelson in black ink.

Jane Nelson
Secretary of State