

LA21000267381

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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2023 MAR 17 PM 3:54

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

* 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
CONTINENTAL VENTURES LLC

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

2023 MAR 17 AM 1:17

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

Continental Ventures 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 08/16/2021 and assigned Florida document number L21000367381.

This amendment is submitted to amend the following:

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

TriCrest Ventures 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.

2023 M - 17 AM 17

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>
Manager	Rafael Romero Zamudio	7901 4th St N STE 300	<input checked="" type="checkbox"/> Add
		St. Petersburg FL 33702	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
Member	Rafael Romero Zamudio	7901 4th St N STE 300	<input checked="" type="checkbox"/> Add
		St. Petersburg FL 33702	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
MGR, AMBR	Pacheco Castillo, Mauricio	Lomas de Becerra Torre 18 1	<input type="checkbox"/> Add
		UH de Becerra, Alvaro Obregon	<input checked="" type="checkbox"/> Remove
		Mexico City, CDMX 01279 MX	<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		

