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From:

Account Name : THE PERMENTER LAW FIRM, P.A.

Account Number : I20200000193 Phone : (352)622-1811

Fax Number : (352)622-1866

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

Email Address: tommy@permenterlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 10730 TRI COUNTY LLC

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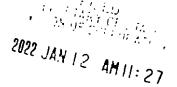
JAN 13 2023

A. LUNT

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10730 TRI COUNTY 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 <u>May 25, 2022</u> and assigned Florida document number <u>L22000226838</u>.

This amendment is submitted to amend the following:

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

6674 TRI COUNTY LLC

imited Liability Company", the designation "LLC" or the
:

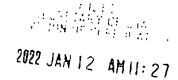
stered office address on our records, <u>ente</u> enew registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

I hereby certify 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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C. 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 = Ma	nager thorized Representative		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add☐ Remove☐ Change
			☐ Add☐ Remove☐ Change
			Add ☐ Remove ☐ Change
D. If amen necessary.)	ding any other informat	ion, enter change(s) here:	(Attach additional sheets, ii
(If an effective of filling.) Pursuan	it to 605.0207(3)(b). Note: If the	ate of filing:	meet the applicable statutory filing
If the record spiday after the re-	ecifies a delayed effective date, cord is filed.	but not an effective time, at 12:01 a	i.m. on the earlier of: (b) the 96°
Dated <u>Janua</u>	ry 1:2 , 2023.		
	Signature of a member	r or authorizet: representative of a	a member
<u>T</u> :	RAVIS J. ALDANA, SR		
	Typed	or printed name of signee	

Filing Fee: \$25.00