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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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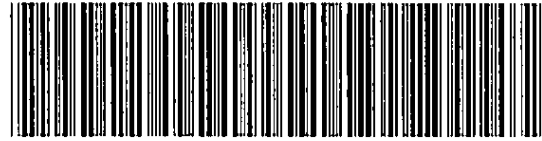
(Business Entity Name)

(Document Number)

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2022 JUL 15 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FL

A. DUTLER

OCT 10 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Triple J M T, 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:

Deborah F. Hogan, Esq.
Name of Person

The Hogan Law Firm
Firm/Company

20 S. Broad Street
Address

Brooksville, FL 34601
City/State and Zip Code

registeredagents@hoganlawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah F. Hogan, Esq. at (352) 799-8423
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

FILED

2022 JUL 15 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FL

Triple JMT, 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 04/19/2004 and assigned
Florida document number L 04000029883.

This amendment is submitted to amend the following:

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

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.

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

Title

Name

AddressType of Action

MGR/AMBR Mary Ann Ames

960 Moonlight Lane ☐ Add


Brooksville, FL 34601 ☒ Remove

_____ ☐ Change

MGR/AMBR. John S. Ames

28363 Cortez Blvd ☐ Add

Brooksville, FL 34602 ☐ Remove



MGR/AMBR Mary Ann Ames

28091 White Dove Drive ☐ Add

Brooksville, FL 34602 ☒ Remove

□ Change

_____ ☐ Add

[Remove](#)

_____ ☐ Change

☐ Add

☐ Remove

☐ Change

_____ ☐ Add

 Remove

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


Please remove Mary Ann Ames as Member-Manager.
List of Address previously used are: (for Mary Ann Ames)
28091 White Dove Drive, Brooksville, FL 34602;
960 Moonlight Lane, Brooksville, FL 34601

E. Effective date, if other than the date of filing: _____ **(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 7/12/2022

DocuSigned by:


Signature of a member or authorized representative of a member

John S. Ames

Typed or printed name of signee