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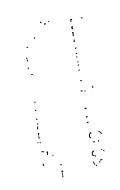
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COVER LETTER

	istration Se ision of Cou				
SUBJECT.	TRIPROP,				
SUBJECT:			nited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return	all correspo	ondence concerning this matter	r to the following:		
		HUMBERTO SPEZIANI			
			Name of Person		
		TRIPROP, LLC			
			Firm/Company		
		1400 NW 10TH AVENUE	E 205P		
			Address		
		MIAMI, FLORIDA 33136	5		
			City/State and Zip Code		
		SEG153@MIAMI.EDU			,
		E-mail address: (to be used for future annual report not	fication)	: (
For further in	formation c	oncerning this matter, please o	all:		,
SUSAN GO	NZALEZ		305 243-3916 at ()		, !
	Name o	f Person		e Telephone Number	
Enclosed is a	check for th	te following amount:			
≅ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
	ing Addres		Street Address:		
_	istration S ision of Co	iection orporations	Registration Se Division of Cor		
P.O	. Box 632	7	The Centre of T		
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 81	0	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIPROP, LLC			
(<u>Name of the Limited Liabli</u> (A Florid	lity Company as it now appears on o da Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability	Company were filed on 05/02/20	05	_ and assigned
Florida document number L05000042934	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designa	tion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			_ .
Principal office address MUST BE A STREET ADD	RESS)		
		·	: <u>:</u>
Enter new mailing address, if applicable:			· · ·
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	····
			:
		-	`
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		s, <u>enter the name o</u>	f the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	eet 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

<u>Title</u>	Name	Address	Type of Action
MGR	PATRICK CASEY	1400 NW 10TH AVENUE 212 MIAMI, FL 33136	□Add
			BRemove
			□Change
MGR	RAFIC S. WARWAR	1400 NW 10TH AVENUE 205P MIAMI, FL 33136	; ■ Add
			□Remove
			□ Change
			□Add
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ective date, if other than the date of filing:			Continu	JN	
effective date is listed, the date must be specific and cannot be prior	or to date of fili	ng or more than s	0 days after fili	rr) ng.) Pursuant:	to 60 <u>5</u> .
te: If the date inserted in this block does not meet the applicament's effective date on the Department of State's records	cable statutoi s	ry tiling require	ments, this di	ate will not b	e liste
record specifies a delayed effective date, but no	or an effec	tive time at	12:01 = 7	a on the e	arlio
he 90th day after the record is filed.	or an ence	.cive cirie, a	. 12.01 (3.11	i. Oil the t	arne
ed March 9 2023	_ _ ·				
ed March 9 2023					
ed March 9' 2023 Signature of a member or auth	Jorizud manyo	intalise of a men	iber		

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Filing Fee: \$25.00