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Office Use Only



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COVER LETTER

TO: Registration S Division of Co		·		
Triple Nic	kel LLC			
Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	John Morgenthaler			
		Name of Person	<u></u>	
	Triple Nickel LLC			
		Firm/Company		
	8965 SE Bridge Rd Suite	10		
		Address	·	
	Hobe Sound, FL 33455			
		City/State and Zip Code		
	sugartrader555@hotmail.co			
For further information (e-man address: e	to be used for future annual report not all:	incation)	
John Morgenthaler		772 3499746		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he 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		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Triple Nickel LLC		7	
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our records.) Liability Company)	124 2500	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>08/17/2015</u>	and Signed	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the designation "LLC" or	the abbreviation "L.I.C."	
Enter new principal offices address, if applicable:	8965 SE Bridge Rd	The above the second	
(Principal office address MUST BE A STREET ADDRESS)	Suite 10		
Timeput Office damedo nacor para a consequence	Hobe Sound, FL 33455		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registere	
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	Enter Florida street address		
	. Floric	da	
	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>	<u>Name</u>	Address	Type of Action
MGR	Deborah Anderson	8093 SE Morningwood Pl Hobe Sound,FL 33455	= Add
			□Remove
			□Change
 			□Add
			🗆 Remove
			□Change
			🗆 Add
			□Remove
			□Change
<u>.</u>			□Add
		·	□Remove
			□Change
			□Add
<u></u>			🗆 Remove
			□Change
			□ Add
			🗆 Remove
			□ Change

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D. If amending any other information, enter change(s) here: (Attac	ch additional sheets, if necessary.)
	
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of 1 Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effort (b) The 90th day after the record is filed.	
Dated 7/2/20,	
Enguature of a member or authorized repri	esentative of a member
John Morgenthaler	

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Typed or printed name of signee

Filing Fee: \$25.00