(((H23000258914/3)))



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Division of Componations

Fax Number

: (858)617-6381

Fron:

4ccount Name : HAND ARENDALL HARRISON SALE LLC 4ccount Number : 120190000123 Phone : (858)759-3434

: (850) 344-9731 Fax Number

"Enter the email address for this dusiness entity to be used for future adminal report mailings. Enter only one email address please."

Emili Address: icampfield@handfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRIPLE "J" CONSTRUCTION, LLC

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Help

T. LEMIEUX JUL 2 6 2023 **t**.-

2023-07-25 12:37:25 CDT

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From: Santa Rosa Beach Receptionist

ocuSign Envelo	pe IO 8086C9	C1-1CB9-4 g E0-86F4-15124F297	7E8 COVER LETTER	H23000258914		
TO: Res	gistration Se tision of Cor	ection		\ <u></u>		
9	TRIPLE"J"C	CONSTRUCTION, LLC	* *			
SUBJECT:			nited Liability Company			
The enclosed	J Articles of .	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		JESSICA CAMPFIELD				
			Name of Person			
		HAND ARENDALL HAI	RRISON SALE, LLC			
			Firm/Company			
		35008 Emerald Coast Pkw	yy, Ste. 500			
			Address			
		DESTIN, FL 32541				
			City/State and Zip Code			
		JCAMPFIELD@HANDFI	RM,COM to be used for future annual report not	dication)		
For further in	itormation co	oncerning this matter, please c	·			
JESSICA CA	AMPFIELD		850 650-0010			
	Name of	Person	Area Code Daytin	ne Telephone Number		
Enclosed is a	check for th	e following amount:				
☑ \$25.00 F	iling Fee	\$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	ilingAddress		StreetAddress:	ction		
Div		orporations	Registration Se Division of Cor	porations		
), Box 6321 Iahassee, F		The Centre of T	l'allahassee e Street, Suite 810		
t al.	ialiassee, f	1. 24.7 **	Tallahassee, FL			

To:

DocuSign Envelope ID 8086C9C1-1CB9-40E0-B6F4-15124F2977E8

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H23000258914 3

TRIPLET CONSTRUCTION, LLC						
(Name of the Limited	d Liability Compa A Florida Limited I	ny as it now appears on our re- lability Company)	cords.)			
The Articles of Organization for this Limited Lia Florida document number L07000011668	bility Company 	were filed on01/31/2007		and	l assigno	ed
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	the limited liab	ility company here:				
The new name must be distinguishable and contain the wor	rds "Limited Liabit	dy Company," the designation	LLC" or th	e abbreviatio	ı"L.L.C	
Enter new principal offices address, if applical	ble:	1419 29th STREET	<u></u>			
(Principal office address MUST BE A STREET	ADDRESS)	SUITE 3	_			
		NICEVILLE, FL 3257	२			
Enter new mailing address, if applicable:		1419 29th STREET				
(Mailing address MAY BE A POST OFFICE B	<u>ΟΧ)</u>	SUITE 3				
		NICEVILLE, FL 32578	.			
B. If amending the registered agent and/or requent and/or the new registered office address Name of New Registered Agent:	<u>here</u> :	iddress on our records, <u>er</u> NDALL HARRISON SAI		ame of the	new re	gistere
Nume of New Registered Agent.			-			
New Registered Office Address:	35008 EMERALD COAST PKWY, STE, 500 Enter Florida street address			G i		
	121-07-121			22541		Ç.,
	DESTIN	Cuv	. Florida	32541 Zip Ci	ode c n	<u>`</u>
New Registered Agent's Signature, if changing Registered Agent:			- '	- -		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this cl	agent and agree and complete ered agent as pegistered office	performance of my dutie. provided for in Chapter 6	s, and La. 05, F.S. (m familiar Dr. if this a	with ar locumer	ıd

Dien J. Monig

If Changing Registered Agent, Signature of New Registered Agent

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IT amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H23000258914-3

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			Remove
			□Change
			□Add
		-	Remove
			☐Change
			Add
			□Remove
		<u> </u>	□Change
			Add
			□Remove
			□ Change
			Remove
			□Change
			Add
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in effective date ote: H ^e the dat	if other than the is listed, the date mu c inserted in this b ctive date on the E	ist be specific and lock does not m	cannot be prior to sect the applical	o date of filing or n	(opti nore than 90 days after ag requirements, thi	onal) r filing.) Pursuant to 6 s date will not be li	05.0207 sted as
record specifie is filed.	a delayed effectiv	ce date, but not i	an effective thr	ве, ат 12 [.] 01 а.т.	on the earlier of: (h	o) The 90th day af	ter the
ıted	7/2	20/2023		_•			
	Becusiones by						
ſ	Eim Sutton.						