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COVER LETTER

TO: Registration Division of C			
	AHERN LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Melanie A. McGahee, Esq	Į.	
		Name of Person	
	McGAHEE & PEREZ, PL	•	
		Firm/Company	
	417 W Sugarland Hwy.		
		Address	
	Clewiston, FL 33440		
		City/State and Zip Code	
	jasongriner@ahernslic.com	(to be used for future annual report notification)	
For further information	n concerning this matter, please c	•	
Melanie A. McGahee,	e of Person	at ()	
Nam	e of Person	Area Code Daytime Telephone Number	
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
P.O. Box 6	n Section Corporations	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**



JOHN R AHERN LLC

(Name of the Limited	Liability Compan	y as it now appears on or	ur records.	
(A	riorida Cilined Li	воину Сопрану)	TALLAR	OF STATE
The Articles of Organization for this Limited Liab	oility Company v	y as it now appears on or ability Company) were filed on 04/25/20	13	and assigned
Florida document number L13000061181	· · · · ·			-
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	he limited liabil	ity company here:		
Triple JG Investments, LLC				
The new name must be distinguishable and contain the word	ds "Limited Liabili	y Company," the designat	tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
				<u></u>
Enter new mailing address, if applicable:			·	
(Mailing address MAY BE A POST OFFICE BO	OX)			
B. If amending the registered agent and/or reg agent and/or the new registered office address		idress on our record	s, <u>enter the nam</u>	of the new registered
agent and/or the new registered office address	nere.			
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida str	eet address	
		City	, Florida	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:	•		•
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region company has been notified in writing of this change in the change in the change in the change in the change in this change in this change in the change in this change in the change	agent and agre and complete pered agent as po gistered office o	verformance of my d rovided for in Chapt	uties, and I am fo er 605, F.S. Or,	imiliar with and If this document is

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
			
			□Remove
			□Change
	<u></u>		DAdd
			□Remove
			□Change
			□Add
			□Remove
			Change
			Remove
			Change
		· - ·	□Remove
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n effi <u>te:</u>	ve date, if other than the date of filing:
ecor is fil	d 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
ted	July 13 , 2023.
	<i>→ → → → → → → → → →</i>
	signature of a member or authorized representative of a member

Filing Fee: \$25.00



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Limited Liability Company
JOHN R AHERN LLC

Filing Information

Document Number

L13000061181

FEI/EIN Number

46-2784031

Date Filed

04/25/2013

State

FL

Status

ACTIVE

Principal Address

1198 US 27 NORTH

MOORE HAVEN, FL 33471

Mailing Address

PO BOX 176

MOORE HAVEN, FL 33471

Registered Agent Name & Address

GRINER, JASON D

1198 US 27 NORTH MOORE HAVEN, FL 33471

Name Changed: 01/17/2023

<u>Authorized Person(s) Detail</u>

Name & Address

Title MANAGER

GRINER, JASON D

PO BOX 176

MOORE HAVEN, FL 33471

Annual Reports

Report Year	Filed Date
2022	01/21/2022
2023	01/16/2023
2023	01/17/2023

Document Images

Detail by Entity Name

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