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COVER LETTER

10:	Division of Cor		1	
SUBJE	Triple Thre	at Athletics LLC		
SODJI		Name of Lim	ited Liability Company	¥ ¥ - 11 Med
			1	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Adam Ramos	•	
			Name of Person	
		Triple Threat Athletics LL	C	
			Firm/Company	
		900 Biscayne Blvd. #5210		
		***************************************	. 11	
		Miami, Fl. 33132	Address	2018 HAR 15
		adamramos@destinationath	!	- T
For fur	ther information c	E-mail address: (oncerning this matter, please co	to be used for future annual report noti	ification)
Adam	Ramos		 239 691-1792 at (3.
	Name o	f Person		e Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$2:	5.00 Filing 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR! Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Triple Threat Athletics LLC

(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number L17000103353	Company were filed on 05/2017 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
T3 House LLC	•
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	900 Biscayne Blvd. #5210
(Principal office address MUST BE A STREET ADD	(RESS) Miami, Fl. 33132
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above
	istered office address on our records, enter the name of the ne
registered agent and/or the new registered office add	المنابع المناب
Name of New Registered Agent: n/a	
New Registered Office Address:	Enter Florida street address
	LAUCE ENTING STEEL MMICOS
	, Florida Zip Code
New Registered Agent's Signature, if changing Registere	ed 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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: If the date inserted in this t ment's effective date on the I	block does not meet the ap	pplicable statutory f		
ecord specifies a delaye	ed effective date, bu	t not an effectiv	e time, at 12:01 a.m	. on the earlie
e 90th day after the re			,	
d March 9	2019			
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	Signature of a member or	,	· · · · · · · · · · · · · · · · · · ·	
	 Signature of a member or 	authorized represents	tive of a member	

Page 3 of 3

Filing Fee: \$25.00