

L18000057052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

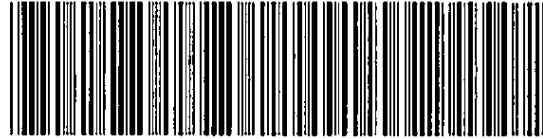
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500397349965

FILED

2022 NOV -9 AM 10:33

STATE OF FLORIDA
TALLAHASSEE, FL

2022 NOV -9 AM 10:10

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/8/2022

****WALK IN****

ENTITY NAME TRIPLE T LAND SERVICES, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 25.00

ACCOUNT # 120160000072

W: c [Signature]

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Triple T Land Services, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeremy L. Thomas

Name of Person

Triple T Land Services, LLC

Firm/Company

P.O. Box 850

Address

Okkeechobee, FL 34973

City/State and Zip Code

triplelandservices@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeremy L. Thomas

863

634-2158

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**

FILED

2022 NOV -9 AM 10: 33

SECRETARY OF STATE
TALLAHASSEE, FL

Triple T Land Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 5, 2018 and assigned
Florida document number L18000057052.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1215 Johns Road NE

(Principal office address MUST BE A STREET ADDRESS)

Okceehobee, FL 34974

Enter new mailing address, if applicable:

P.O. Box 850

(Mailing address MAY BE A POST OFFICE BOX)

Okceehobee, FL 34973

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jeremy L. Thomas

New Registered Office Address:

1215 Johns Road NE

Enter Florida street address

Okceehobee

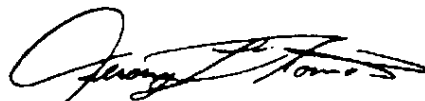
, Florida 34974

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Roy H. Thomas	151 SE 80th Avenue	<input type="checkbox"/> Add
		Okeechobee, FL 34974	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jeremy L. Thomas	1215 Johns Road NE	<input type="checkbox"/> Add
		Okeechobee, FL 34974	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2022 NOV -9 AM 10:33
SECURITY 350001
TAILLAFASSE, IL

2022 NOV -9 AM 10:33
SECURITY OFFICE
TALLAHASSEE, FL

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00