118000125442

(R	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Na	me)
(C	ocument Number)
Certified Copies	Certificate	s of Status
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SECRETURY OF STATE
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COVER LETTER

TO:	Registration Se Division of Co			
ct:n II		ALL DAY LLC		
SUBJI	ECI:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		J. JONLYN JOINER		
			Name of Person	
		TRIPLEJ ALL DAY LLC		
			Firm/Company	
		1080 N. OCEAN BOULE	VARD	
			Address	
		PALM BEACH FL 33480		
		grouchyzero@icloud.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please co	all:	
J. JON	LYN JOINER		561 352-5942 at ()	
	Name o	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TR	(P)	FI	ALL	DA	V	11	C

(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)
The Articles of Organization for this Limited Florida document number L18000125442	Liability Company were filed on	5/18/2018 and assigned
This amendment is submitted to amend the following	llowing:	
A. If amending name, enter the new name	of the limited liability compan	y here:
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	2019 SEP
B. If amending the registered agent and registered agent and/or the new registered of		F. S.
Name of New Registered Agent:	J JONLYN JOINER	25
New Registered Office Address:	1080 N. OCEAN BOULEVA	
	Enter	Florida street address
	PALM BEACH	, Florida 33480
	City	2 in 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 sor removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
			
		□ Remove	
		 	☐ Change
			Remove
			☐ Change
			Add
		☐ Remove	
			Change
			
		□ Remove	
			☐ Change
			Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an eff lote:	ive date, if other than the date of filing: cetive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
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ated	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00