## L18000194237

(R	lequestor's Name)
(A	ddress)
(A	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
cun i	Triplets 3, 1			
SUBJ	ECT:		ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Joshua D. Manaster		
			Name of Person	
		Joshua D. Manaster, P.A.	Name of Limited Liability Company  ment and fee(s) are submitted for filing.  concerning this matter to the following:  mua D. Manaster  Name of Person  mua D. Manaster. P.A.  Firm/Company  West 47 Street  Address  mit Beach, Florida 33140  City/State and Zip Code  master@bellsouth.net  E-mail address: (to be used for future annual report notification)  mg this matter, please call:  at (305	
		-	Firm/Company	
		651 West 47 Street		
			Address	<del></del>
		Miami Beach, Florida 331-	40	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		jmanaster@bellsouth.net		
		E-mail address: (	to be used for future annual report n	otification)
For fu	rther information c	oncerning this matter, please ca	all:	
Joshu	a Manaster			
	Name o	f Person		ime Telephone Number
Enclos	sed is a check for the	ne following amount:		
<b>■</b> \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		

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
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Triplets 3, LLC			
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability Corida document number L18000194237	Company were filed on August 14, 2018	and ass	signed
	<del></del> '		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	abbreviation "L	.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		D
		8	SE
		, Ca	52
Inter new mailing address, if applicable:		24	- 25.5 - 25.5 - 25.5
•		3	
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<u>က်</u>	- <del></del>
			<u> </u>
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office ado</li> </ol>		r the name	of the
entre and the analysis the new regimered office and	<u></u>		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
<del></del>	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>	Type of Action
MGR	Karen Schonfeld	651 West 47 Street, Miami Beach, Florida 33140	■ Add
		<del> </del>	Remove
		<del></del>	Change
<del></del>			Add
			□ Remove
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			Add
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			□ Change
	<del></del>	<del></del>	Add
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			☐ Change

Effective date, if other than the date of filing:			-
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Signature of a member or/authorized representative of a member	Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at the 90th day after the record is filed.		lier of

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Filing Fee: \$25.00

Typed or printed name of signee