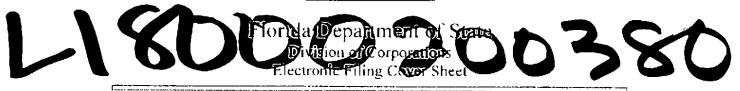
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Division of Corporations

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Autoonn, Name : 'MAKKAR, COB (MC) Account Number : 120140303088 Phine : (305)541-393C Fix Number : (598)772-6108

Enter the email address for this business entity to be used for future abbual report mailings. Enter only one email accress please.

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Corporate Filing Menu

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H19000159045 3 ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

TRIADAZ LLC			
(Name of the Lim	ted Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.) my)	
The Articles of Organization for this Limited I Florida document number L18000200380	Liability Company were filed or	AUGUST 21ST, 2018	and assigned
his amendment is submitted to amend the fol	lowing:		
L. If amending name, enter the new name o	of the limited liability compan	y here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX		
	w		
If amending the registered agent and egistered agent and/or the new registered of		on our records, enter	the name of the
THE STATE OF THE S	HILL AGGILGO HUIL.		
Name of New Registered Agent:	EMENT, INC		
New Registered Office Address:	1549 NE 123RD ST		
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address		
	NORTH MIAMI	, Florida ³³	161
	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

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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>	Name	Address	Type of Action
			□ Remove
			☐ Change
			□ Add
			□ Remove
		Change	
	10 CO		[] Add
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			Change

If

). If amending any other informat	H190001 tion, enter change(s) here	: (Attach additional she	els, if necessary.)

			The state of the s
		us	
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicat	o date of filing or more than the statutory filing require	(optional) 90 days after filing.) Pursuant to 605.0207 ements, this date will not be listed as
the record specifies a delayed) The 90th day after the reco		an effective time, a	t 12:01 a.m. on the earlier of
Dated MAY 10TH	eister		
	Signature of a member or author	rized representative of a men	iber
DEBORAH MEISTER			
	Typed or printed	name of signee	

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