118000278195

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COVER LETTER

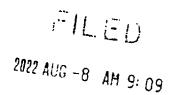
SUBJECT:	Name of Lim	ited Liability Company	
Triple C Restaurants LLC Name of Limited Liability Company he enclosed Articles of Amendment and feets) are submitted for filling. lease return all correspondence concerning this matter to the following: James McConnell			
Please return all corresp	ondence concerning this matter	to the following:	
	James McConnell		
		Name of Person	
	Closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: James McConnell		
	72 Flamingo Drive		
		Address Address anta Rosa Bch FL 32459 City/State and Zip Code econnell2@hotmail.com E-mail address: (to be used for future annual report notification)	
	Santa Rosa Bch FL 32459		
	•		ification)
For further information	concerning this matter, please c	all:	
James McConnell			
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ection
_		Division of Co	rporations
P.O. Box 63	27	The Centre of	Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



TRIPLE C RESTAURANTS 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 Compa	ny were filed on 12/03/2018	and assigned
Florida document number L18000278195		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Triple C Farm and Services, LLC		
The new name must be distinguishable and contain the words "Limited Lic	ability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic	e address on our records, <u>ent</u>	er the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addi	ress
	1	Florida
	City	F lorida Zip Code
New Registered Agent's Signature, if changing Registered Ager	nt:	

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 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
			□Add
			□Remove
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fective date, if other than the	date of filing: 07/01/202	22	(optional)	
an effective date is listed, the date mus ote: If the date inserted in this bl	to the fire this control of pri		than 90 days after filing.) Pursu	ant to 605,020
ocument's effective date on the D			equirements, this take will be	or the fisteer at
record specifies a delayed effective	e date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 90th	day after the
is filed.				
ated July 20	2022			
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	Signature of a member or au	thorized representative of	a member	
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