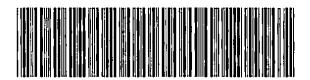
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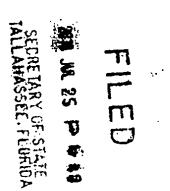
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COVER LETTER

Div	ision of Cor	porations				
eud ieas.	TRIPLE C	ROWN CONSTRUCTION A	ND MORE LLC			
SUBJECT:	Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		BRIAN A BAKER				
		TRIPLE CROWN CONSTR	Name of Person RUCTION AND MORE LLC			
		2520 JOHNSON AVE	Firm/Company			
		JACKSONVILLE.FL 32207	Address			
		MRBBAKER82@GMAIL.CC	City/State and Zip Code			
			to be used for future annual report notifi	cation)		
For further in	nformation c	oncerning this matter, please ca	ali:			
BRIAN A B	AKER		904 962-8263 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling 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:

TO:

Registration Section

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

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

TRIPLE CROWN CONSTRUCTION AND MORE LLC

FILED

	(A Florida Danileo D		JA 25 P # 18	
The Articles of Organization for this Limited I Florida document number L19000107898	Liability Company v	were filed on 04/19/	SECRETARY OF STAFE TALLAHASSEE. FLORIDA	
This amendment is submitted to amend the fol	lowing:		•	
A. If amending name, enter the new name of	of the limited liabil	lity company here:		
TRIPLE CROWQN CONSTRUCTION AND M	ORE "LLC"			
The new name must be distinguishable and contain the	words "Limited Liabilit	ty Company," the design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		2520 JOHNSON A	VE JACKSONVILLE,FL 32207	
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	2520 JOHNSON AVE JACKSONVILLE,FL 32207		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	4,	:	r records, enter the name of the ne	
	2520 JOHNSON AVE			
New Registered Office Address:	2020 301 11400	Enter Florida s	treet address	
	JACKSOVILLE		, Florida 32207	
		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 t 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
P	BRIAN A BAKER	2520 JOHNSON AVE JACKSONVILL,FL 32207	□ Add
			□ Remove
VP	JUSTIN B BAKER	2520 JOHNSON AVE JACKSONVILLE,FL 32207	Add
			Remove
			Change
			D Add
			☐ Remove
			Change
			□ Add
			Remove
			☐ Change
			Remove
			☐ Change
			Add
			Remove
			Change

D. If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)
	
-	
	
 (If an effective date is listed, the date r 	he date of filing:
f the record specifies a delay b) The 90th day after the r	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ecord is filed.
JULY 2 Dated	2019
	Signature of the state of the s
_	Signature of a member or authorized representative of a member
BRIAN A BAKER	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00