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Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Gerald Seymour Name of Person Triple Alpha Investments LLC Firm/Company 310 Grant Ave Address Woodmere, NY, 11598 City/State and Zip Code admin@3alphainvestments.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Eli Fruchter Name of Person Tender of Person S25.00 Filing Fee Certificate of Status	CHR IE	~т.				
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Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

518 N.TYNDALL PARKWAY 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 Company were filed on May 20, 2019 and assigned Florida document number L19000135967 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KAPALUA DRIVE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _

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.

City

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>	Address	Type of Action
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Affective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applical document's effective date on the Department of State's records.	o date of filing or more the ble statutory filing rec	(option nan 90 days after til juirements, this d	ing.) Pursuar	nt to 605.0. t be listed	207 . as
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December 12th 2019					
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Dated December 12th , 2019 Signature of a member or author	rized representative of a	member			

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