

L19000224 434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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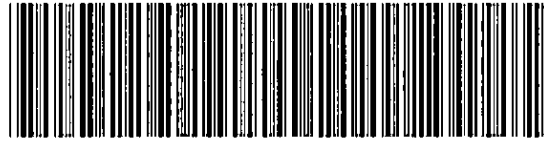
(Business Entity Name)

(Document Number)

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JAN 27 2020

FEB 22 2020

S. YOUNG

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
FLL AHOSSE FLL 2020

2020 JAN 27 AM 7:22

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

TRITON CAPITAL HOLDINGS, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Aaron Alexander

\_\_\_\_\_  
Name of Person

TRITON CAPITAL HOLDINGS, LLC

\_\_\_\_\_  
Firm/Company

31612 HOLCOMB PASS

\_\_\_\_\_  
Address

WESLEY CHAPEL, FL 33543

\_\_\_\_\_  
City/State and Zip Code

aaalexander@tritondigitalmanagement.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Alexander

813 733-1570

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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:**

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**

TRITON CAPITAL HOLDINGS, 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 09/04/2019

Florida document number L19000224434

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Triton Digital Holdings, 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)**

5421 BEAUMONT CENTER BLVD

SUITE 618

TAMPA, FL 33634

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

5421 BEAUMONT CENTER BLVD

SUITE 618

TAMPA, FL 33634

**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:

Aaron Alexander

New Registered Office Address:

5421 BEAUMONT CENTER BLVD, SUITE 618

*Enter Florida street address*

Tampa

*City*

Florida 33634

*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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2020 JAN 27 AM 7:22  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
MGR	Aaron Alexander	31612 HOLCOMB PASS	<input checked="" type="checkbox"/> Add
		WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kyle Smith	11527 TROTTING DOWN DR	<input checked="" type="checkbox"/> Add
		ODESSA, FL 33556	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nathan Kossoff	14241 AVON FARMS DR.	<input type="checkbox"/> Add
		TAMPA, FL 33618	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated January 13th 2019

Open A. faint

Signature of a member or authorized representative of a member

Aaron Alexander

Typed or printed name of signee