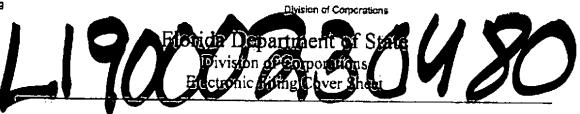
20/5/24, 13:49



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : 120060000012 Phone : (305)825-5886 Fax Number : (305)722-0535

**Enter the email address for this business entity to be used for fugure annual report mailings. Enter only one email address please. **--

전투등 Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRIPHASE GROUP, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

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4202 1 S YAM

T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIPHASE GROUP,				
(Name of the Limited Linbility Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L19000230480	were filed on 09/11/2019	8೧(i assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	llity company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	e abbreviation	n "L.L.().
Enter new principal offices address, if applicable:				• 3,
(Principal office address MUST BE A STREET ADDRESS)				·
Enter new mailing address, if applicable:				·····
Mailing address MAY BE A POST OFFICE BOX				
	**************************************	······································	~	—- d
B. If amending the registered agent and/or registered office a agent and/or the new resistered office address here:	ddress on our records, <u>enter the n</u>	ame of the	202 88 8.202	
Name of New Registered Agent:			0 F	111
New Registered Office Address:	Enter Florida street address	-1	<u> </u>	
	Enier Piorida sireel address		91:	
	Cin:	Zip C	ode	G

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.

To: 18506176383

Page: 4 of 5

2024-05-20 17:54:13 GMT

13058473293

From: Martin Collante

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

Title	Name	Address	Type of Action
AMBR	MASTRODOMENICO, GRACE	3177 NW 103 PATH	
		DORAL, FL 33172	-
			Change
AMBR	ROZEN, IVAŅNA	2641 N FLAMINGO RD APT 1504N	
		SUNRISE, FL 33323	□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□ Remove
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Note: If th	inte, if other the date is lined, the date inserted in affective date of the d	n this block doe	s not meet the	applicable sta	of filing or more natory filing re	dan 90 days after the quirements, this	nal) lling.) Pursuant to 60 date will not be li	05.0207 (sted as t
e record spo rd is filed.	ecifics a detayed	effective date, 1	out not an effe	ctive time, at	12:01 a.m. on 1	he carlier of: (b)	The 90th day af	icr the
Dated MA	× 17	Marke	2024					
				or authorized re				

Typed or printed name of signee