# L19 OCC 296573

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 4, 2021

**BRIAN MCCLELLAN** 6089 SE 39TH AVE. OCALA, FL 34480

SUBJECT: GET TRIGGERED, LLC

Ref. Number: L19000296573

We have received your document for GET TRIGGERED, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 821A00018335

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### COVER LETTER

10:	Registration Se Division of Cor			RECE, VED
SUBJE	CT:	Get Triga	ered, LLC 2019	1.UU -9 AM 9:40
			٠.	
The enc	losed Articles of			, ,
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Brian	M. Celau.	
		DITARY /	Name of Person	<del></del>
		Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  Brian McClellan  Name of Person  Get Truggered, UC  Finn/Company  L089 SE 34 M Ave  Address  Ocala, M 34480  City/State and Zip Code  Driane vantage point valuations. cam  E-mail address: (to the used for future annual report notification)  meeting this matter, please call:  McClellan  at (352) 792 - 4833  Area Code Daytime Telephone Number  c following amount:  S30.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate of Status  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee		
		<u>las9 se 3</u>	39th Ave	
			Name of Abdited Liability Company  and fee(s) are submitted for filing.  Thing this matter to the following:  Brian McClellan Name of Person  et Triggered, UC Firm/Company  D89 SE 34th Ave Address  Clala, M 34480  City/State and Zip Code  Time Variage point valuations. Lem Temail address: (to be used for future annual report notification)  matter, please call:  at (352) Area Code  Daytime Telephone Number  Thount:  Tiling Fee & Certified Copy (additional copy is enclosed)  Street Address:  Registration Section Division of Corporations	
	Cosq Se 39th Ave  Address  Ocala, FL 34480  City/State and Zip Code  Driang vantage point valuations. com  E-mail address: (to be used for future annual report notification)  orther information concerning this matter, please call:			
		PriAng Van E-mail address: (	tage point valuati	ort notification)
For furt	her information c			
	Brian,	Millian	at ( 352 ) 79	2-4833
	Name o	f Person	Area Code	Daytime Telephone Number
Enclose	d is a check for th	ne following amount:		
194 \$25	.00 Filing Fee	=	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres	<u>5:</u>	<u>Street Addi</u>	ess:
	Registration S		-	
	P.O. Box 632	-		•
	Tallahassee, I			

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Get Triggered, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	·
Florida document number <u>L19000 296573</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	
Vantage Point Holding The new name must be distinguishable and Jontain the words "Limited Liability	is, LLC
The new name must be distinguishable and Jontain the words "Limited Liability	Company," the designation "LLC" 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 office ad	ddress on our records, <u>enter the name of the new registered</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	<del>;;</del>
New Registered Office Address:	1
	Enter Florida street address
	Florida
	Florida
New Registered Agent's Signature, if changing Registered Agent:	<del>လ</del> ွှ
I hereby accept the appointment as registered agent and agree	e to act in this capacity. I further agree to womply 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

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> Fitle</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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an effective date is li <b>(ote:</b> If the date in	other than the date of sted, the date must be spec- serted in this block does be date on the Departme	cific and cannot be prior to as not meet the applical	o date of filing or more the ble statutory filing requ	(optional) an 90 days after filing ) Purs airements, this date will t	nuant to 605 0207 not be listed as
record specifies a dis filed.	delayed effective date, l	but not an effective tin	ne, at 12:01 a.m. on the	e earlier of: (b) The 90t	h day after the
Dated	<u>Le</u>		<u></u> ·		
	Signatu		ized representative of a r	nember	<del></del>
		rian McCle			