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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Division of C				
	TA DEVELOPMENT LLC			
SUBJECT:	Name of Lim	ited Liability Company		<del></del>
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Dan Hemmer			
		Name of Person		<del></del>
		Firm/Company	<del>.</del>	
	1990 Seward Avenue			<del></del>
		Address		
	Naples, Florida 34109			
	dan@hemmerconst.com	City/State and Zip Code		
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual reall:	port notification)	
Dan Hemmer			-8400	
Namo	of Person	at () Area Code	Daytime Telephone	Number
Enclosed is a check for	the following amount:			
<b>■ \$25.00</b> Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) (	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addr Registration		Street Ado Registrat	<u>Iress:</u> ion Section	
	Corporations		of Corporations	;
P.O. Box 63			tre of Tallahasse	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIFECTA DEVELOPMENT LL			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our r liability Company)	ecords.)
The Articles of Organization for this Limited L. Florida document numberL20000013676	iability Company	were filed on January 7, 2	020 and assigned
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	of the limited liab	ility company here:	
, <u> </u>			
The new name must be distinguishable and contain the	words "Limited Liabil	ity 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)		1990 Seward Avenue	
		Naples, Florida 34109	
Enter new mailing address, if applicable:		1990 Seward Avenue	
(Muiling address MAY BE A POST OFFICE BOX)		Naples. Florida 34109	
			5 1
			•
B. If amending the registered agent and/or agent and/or the new registered office addre		nddress on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent:	Yarnell & Peter	rson, P.A. c/o Floyd S. Yarn	ell, Esq.
New Registered Office Address:	3431 Pine Ridg	e Road	 
	Enter Florida street address		
	Naples		, Florida 34109
		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 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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dan Hemmer	1990 Seward Avenue	<b>≣</b> Add
		Naples, Florida 34109	□ Remove
			□Change
MGR	Chad Watts	4172 Crescent Ct	
		Naples, FL 34119	■Remove
			□Change
			□Add
			□Remove
			☐Change-
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Effective date, if other than the d	ata of filings		(option	
f an effective date is listed, the date must be Note: If the date inserted in this blood document's effective date on the Dep	ek does not meet the ap	plicable statutory fi	t more than 90 days after it	ling.) Pursuant to 605,0207
e record specifies a delayed effective of is filed.	date, but not an effectiv	/c time, at 12:01 a.i	n. on the earlier of: (b)	The 90th day after the
Dated	2024			
X	 [][	·		
	* /XL-v_			
Dan f	gnature of a member or a	uthorized representat	ive of a member	

Filing Fee: \$25.00