

L20000088997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PCK- JP

☐

WAIT

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MAIL

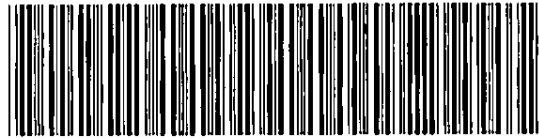
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SD
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MAY 12 2021
FILE
SEC. FL

MAY 12 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Triple D Express Grill LLC
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:

Richard D Keith Jr.
Name of Person

Triple D Express Grill LLC
Firm/Company

5018 Shoshone St. Altamonte
Address

Orlando FL 32819
City/State and Zip Code

TRIPLEDExpress13@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard D. Keith Jr. at (407) 680-7642
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Triple D Express Grill L.L.C.

(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 _____ and assigned Florida document number L20000088997

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

2976 County Road 523 #A02
Wildwood Fl. 34785

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2976 County Road 523 #A02
Wildwood Fl. 34785

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

City

Florida

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

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Richard D. Keith Jr.		<input type="checkbox"/> Add
		5018 Shoshone St Orlando FL	<input checked="" type="checkbox"/> Remove
		2976 County Road 523 Wildwood FL 34785	<input type="checkbox"/> Change #A01
AMBR	Richard D. Keith Jr.		<input type="checkbox"/> Add
		5018 Shoshone St Orlando FL	<input checked="" type="checkbox"/> Remove
		2976 County Road 523 Wildwood	<input type="checkbox"/> Change #A01
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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.)

ONLY changing the Address

From — 5018 Shoshone St

ORlando FL 32819

TO — 2976 County Road 523 #A01

wildwood FL 34785

E. Effective date, if other than the date of filing: 5-12-2021 (optional)

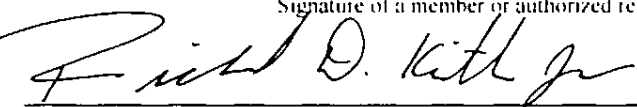
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 5-12-2021

 Richard D. Keith Jr.
Signature of a member or authorized representative of a member

 Richard D. Keith Jr.
Typed or printed name of signee