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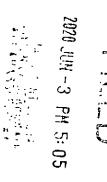
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JUN 1 9 2020 S. YOUNG



COVER LETTER

Division of Cor			
TRITANSI	PHERE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The conditional Amelohouses	Amendment and fee(s) are sub	mirrod for Glina	
		<u>-</u>	
Please return all correspo	ondence concerning this matter	to the following:	
	TALINA GRANT		
		Name of Person	
	TRITANSPHERE LLC		
		Firm/Company	
	1100 CRESTWOOD CT S	S APT 1104	
		Address	
	ROYAL PALM BEACH.	FL 33411	
		City/State and Zip Code	
	KEVINGRANT, KG52@G	MAIL.COM to be used for future annual report not	Heation
Lar Garbar information o	oncerning this matter, please c	•	incanony
	oncerning this matter, prease c		
TALINA GRANT		954 465-9440 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	· · · · ·	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRITANSPHERE LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	6
The Articles of Organization for this Limited Liab	ility Company were filed on 04/27/2020	and assigned
Florida document number 1.20000112829		5, 0
This amendment is submitted to amend the follow	ing:	਼ ਯ
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u> </u>	
B. If amending the registered agent and/or regingent and/or the new registered office address between the new registered of the new regist	· · · · · · · · · · · · · · · · · · ·	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	Floric	
	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	KEVIN GRANT	1100 CRESTWOOD CTS APT 1104	□Add
		ROYAL PALM BEACH, FL 33411	■ Remove
			□Add
			□Remove
			□Change
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ective date, if other the neffective date is listed, the te: If the date inserted in	date must be specific and this block does not to	d cannot be prior to d	ate of filing or more that	in 90 days after filing.) Purs	suant to 605,0207
cument's effective date of					
	effective date, but no	t an effective time.	at 12:01 a.m. on the	earlier of: (b) The 90t	h day after the
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is filed.	——————————————————————————————————————	. 2020			
is filed.	Tall	Dan	A representative of a n	ember	