

L21000057975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

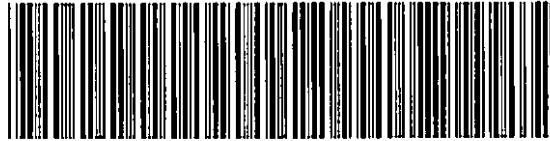
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2025 JAN 24 PM 12:23

2025 JAN 24 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FL

CLERK OF COURT  
TALLAHASSEE, FL

*Name Change*

JAN 27 2025

D CUSHING

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \$55.00

Authorization Signature *[Signature]*

EEDY, EEDY and EEDY LLC L21000057975  
Business #Document

Walk in \_\_\_\_\_ Will wait \_\_\_\_\_

X Certified Copies of articles  
\_\_\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_\_\_ Profit  
\_\_\_\_\_ Not for Profit  
\_\_\_\_\_ LLC  
\_\_\_\_\_ Domestication  
\_\_\_\_\_ INC  
\_\_\_\_\_ CORP  
\_\_\_\_\_ OTHER

**AMENDMENTS**

X Amendment  
\_\_\_\_\_ Resignation of R.A.  
\_\_\_\_\_ Change of Registered Agent  
\_\_\_\_\_ Revocation of Dissolution  
\_\_\_\_\_ Conversion  
\_\_\_\_\_ Statement of Authority  
\_\_\_\_\_ Merger  
\_\_\_\_\_ Amended and Restated Articles

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**OTHER FILINGS**

\_\_\_\_\_ TRANSMITTAL LETTER  
\_\_\_\_\_ Fictitious Name  
\_\_\_\_\_ Statement of Authority  
\_\_\_\_\_ APOSTIL \_\_\_\_\_  
COUNTRY

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_\_ Foreign Filing  
\_\_\_\_\_ Partnership  
\_\_\_\_\_ Reinstatement  
\_\_\_\_\_ Statement of CORRECTION  
\_\_\_\_\_ Domestication of a Foreign Corp.  
\_\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EEDY, EEDY AND EEDY 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:

Haley Helbig

\_\_\_\_\_  
Name of Person

Aspire Legal Solution PLLC

\_\_\_\_\_  
Firm/Company

1901 W. Colonial Drive

\_\_\_\_\_  
Address

Orlando, FL 32804

\_\_\_\_\_  
City/State and Zip Code

e.e.e.investmentllc@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Haley Helbig

407

770-0100

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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TALLAHASSEE  
JAN 24 2025

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Enclosed is a check for the 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 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**

EEDY, EEDY AND EEDY LLC

(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 02/21/2021 and assigned  
Florida document number L21000057975.

This amendment is submitted to amend the following:

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

TRIPLE E GROUP HOLDINGS LLC

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

Florida

*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**

[illegible]

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee