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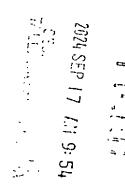
(Requestor's Name)		
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Certified Copies	Copies Certificates of Status	
Special Instructions to	Filing Officer:	
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COVER LETTER

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Registration Section Division of Corporations

TO:

SUBJECT: <u>\Y\p</u>		ure & Power ited Liability Company	Washing LLC
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Lorenz	O Capitano Name of Person	
	Triple C P	roperty Solut	ions LLC
	22433 Sou	tnsnore Dr. Address	
	Land O L	ares, P1. 344 City/State and Zip Code	<i>3</i> 9
	Lorenzo G E-mail address: (Triple CSolution to be used for future annual report no	ons IIC. Com ification)
For further information co	oncerning this matter, please ca	all:	
Name of	Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check for th	e 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 S Division of C P.O. Box 632	ection orporations 7	Street Address: Registration Se Division of Co The Centre of	rporations Tallahassee
Mailing Address Registration S Division of C	S30.00 Filing Fee & Certificate of Status Section orporations	Certified Copy (additional copy is enclosed) Street Address: Registration So Division of Co	Certificate of Status Certified Copy (additional copy is ench ection proporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Triple C Pressure & Power Washing 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 Com Florida document number 86.3750093.	npany were filed on 4282021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited Triple C Property Solution in the words "Limited"	d liability company here: UHONS LLC I Liability Company," the designation "LLC" or the abbreviation LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	(55)
Enancia de la constanta de la	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered A	Agent:

New Registered Agent's Signature, it 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 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
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
		□ Add	
		□Remove	
		□ Change	
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (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) 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 9 11 24
Signature of a member or authorized representative of a member
Lorenzo David Capitano Typed or printed name of signee

 $\mathbf{v} = (\mathbf{v}_{i}, \mathbf{v}_{i}, \mathbf{v}_{i}, \mathbf{v}_{i})$