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| (Requestor's Name) |
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| (Business Entity Name) |
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| (Document Number) |
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PARTMENT OF STATE
WASTON OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 NOV 26 PM 12: 05

A. PARISHANI NOV 2 6 2024

COVER LETTER

| TO: | Registration Se Division of Cor | | | | |
|-----------------------------|------------------------------------|---|--|---|--|
| cub ir | | os Car Detailing & Lawn Serv | rice L.L.C | | |
| SORTE | СТ; | Name of Lim | ited Liability Company | 2024 N Jezišić TALL | |
| The enc | losed Articles of | Amendment and fee(s) are sub | omitted for filing. | 2024 NOV 26 Jezigien of c Tallahass | |
| Please r | eturn all correspo | ondence concerning this matter | to the following: | PM 12: 16 IT OF STATE ORPORATION EE, FLORIDA | |
| | | Dedric & Rhonda Johnson | | 2: 16 3: 16 ATION ORIDA | |
| | | | Name of Person | | |
| | | Beautiful Earth Investmen | t L.L.C | | |
| | | | | | |
| | | 6940 SW 12TH Street | | | |
| | | | | | |
| | | Pembroke Pines, Florida 3 | | | |
| | | City/State and Zip Code | | | |
| | | Dedriejohnson15@gmail.co | | | |
| | | E-mail address: (| to be used for future annual report notification | 1) | |
| For furt | her information e | oncerning this matter, please c | all: | | |
| Dedrie Johnson 786 800-7683 | | | at (| | |
| | Name o | f Person | Area Code Daytime Telep | phone Number | |
| Enclose | d is a check for th | ne following amount: | | | |
| □ \$25 | .00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & [Certified Copy (additional copy is enclosed) | S60.00 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

DZ4 NOV 26 PM 12:

Triple D Pros Car Detailing & Lawn Service L.L.C.

| (Name of the Limited Liability Compa | ny as it now annears on our records | <u></u> |
|--|--|--|
| (Name of the Limited Liability Compa (A Florida Limited I | Liability Company) | FLORI PORALIA |
| The Articles of Organization for this Limited Liability Company | were filed on 06/16/2021 | and assigned |
| Florida document number L21000280793 | 1.5,5 | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| Triple D Enterprise L.L.C. | · | |
| 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: | 6940 SW 12TH Street | |
| (Principal office address MUST BE A STREET ADDRESS) | Pembroke Pines, Florida 33023 | , |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or registered office a | ddress 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 | 100 |
| | , Florid | |
| | City F 10F10 | Zip Code |
| N. D. tal. Alexandria | | |

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 |
|--------------|----------------|---------------------------------------|--|
| AMBR | Rhonda Johnson | 6940 SW 12TH Street | ⊞ Add |
| | | Pembroke Pines, Florida 33023 | □Remove |
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| . Effective date, if other than the dat | e of filing: | | 2 | (optional) | (05 | 0207 (2) |
| (If an effective date is listed, the date must be s Note: If the date inserted in this block of | does not meet the a | ipplicable statut | ory filing requireme | nts, this date will no | ent to 605 ot be liste | .0207 (3) ed as the |
| document's effective date on the Depart | tment of State's red | cords. | | | | |
| the record specifies a delayed effective dat cord is filed. | te, but not an effec | tive time, at 12: | 01 a.m. on the earlie | r of: (b) The 90th | day after | the |
| Dated Nov. 14, 2023 | · · · · · · · · · · · · · · · · · · · | · | | | | |
| Dated Nov. 14, 2023 | | | | | | |
| Sign | nature of a member o | r authorized repre | sentative of a member | | | |
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Filing Fee: \$25.00