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MILLARASSEE, FLORIDA

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COVER LETTER

TO:

Registration Section **Division of Corporations**

P.O. Box 6327 Tallahassee, FL 32314

TRIKETRA	A COMPANY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jessica Portalatin		
		Name of Person	
	Portalatin Law Firm		
		Firm/Company	
	8950 SW 74th Court, Suite	: 2201	
		Address	
	Miami, Florida 33156		
		City/State and Zip Code	
	Jessica@contractlawmiami.		
ı	E-mail address: (to be used for future annual report not	itication)
For further information of	concerning this matter, please co	all:	
Jessica Portalatin		305 384-7874	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of 0		Registration Se Division of Co	
P.O. Box 63:	-	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

 $\sum_{i=1}^{n} a_i$

22

TRIKETRA COMPANY LLC		
	d Liability Company as it now appears on our records A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number <u>L21000402479</u>		and assigned 2: 57
This amendment is submitted to amend the follo	wing:	•
A. If amending name, enter the new name of	the limited liability company here:	
MoonOak Paradise 715 LLC		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE)	T ADDRESS)	
	 	
Enter new mailing address, if applicable: (Mailing address MAY <u>BE A POST OFFICE I</u>		
Waning address MAT BE A POST OFFICE I		
B. If amending the registered agent and/or re agent and/or the new registered office addres	egistered office address on our records, <u>enter t</u> s here:	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
1		orida
	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 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>	<u>Address</u>	Type of Action
			□Add
			Remove
			☐ Change
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	'		
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	1	d-1-1-1	□Change
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			□Remove
			□Change

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ective date, if other than the neffective date is listed, the date muster. If the date inserted in this blocument's effective date on the De	st be specific and cannot be prior to cook does not meet the applicable	(optidate of filing or more than 90 days after estatutory filing requirements, th	ional) er filing.) Pursuant to 605.020 is date will not be listed a
	e date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.			×. 2
			· · · · · · · · · · · · · · · · · · ·
July 5, 2022			DZZ JU
July 5, 2022			2022 JUL I ĀLLAĪĀSS
is filed. July 5, 2022 ted	Signature of a member or authorize	red epresentative of a member	

E. ... E. ...