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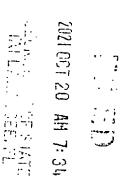
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A. BUTLER NOV 0 1 2021

COVER LETTER

TO: Registration So Division of Co		• `	. •
	IPLE, LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	GARY LUCKE		
		Name of Person	
	FASTSIGNS OF ST PETE	ERSBURG	
		Firm/Company	
	408 33RD AVE N. STE A		
		Address	
	SAINT PETERSBURG, F	L 33704	
		City/State and Zip Code	
	gary.lucke@fastsigns.com	to be used for future annual report no	titication)
For further information	concerning this matter, please c	•	
Gary Lucke		727 215-4949	
Nume	of Person	Area Code Daytin	me Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 500 Status & Certificate of Status & Certified Copy (additional copy is enclosed
<u>Mailing Addre</u> Registration		Street Address: Registration S	e ction
Division of (Division of Co	

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Tallahassee, FL 32303

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

(A Florida Limited Liability Company) (A Florida Limited Liability Company) (A Florida Limited Liability Company) (The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 20, 2021 and assigned Florida document number L21000407847 (This amendment is submitted to amend the following: (A. If amending name, enter the new name of the limited liability company here: (The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". (Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) (Enter new mailing address, if applicable: (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 office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records.	FSWC TRIPLE, LLC		2021 OCT 20 AH 7: 34
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Name of New Registered Agent: New Registered Office Address: Enter Florida street address			
Name of New Registered Agent: New Registered Office Address: Enter Florida street address	4.5	address on our re	cords, enter the name of the new registe
New Registered Office Address: Enter Florida street address	agent and/or the new registered office address here:		
New Registered Office Address: Enter Florida street address			
Enter Florida street address	Name of New Registered Agent:		
	New Registered Office Address:		
City Zip Code		Enter Florid	da street address
City Zip Code			, Florida
		City	Zip Code
	l hereby accept the appointment as registered agent and agr	ee to act in this c	apacity. I further agree to comply with

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>	<u>Address</u>	Type of Action
AMBR	GARY S. LUCKE	408 33RD AVE N. STE A	ĕAdd
		SAINT PETERSBURG, FL	□Remove
		33704	□ Change
			□∧dd
			□Remove
			Change
			□Remove
			☐ Change
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			□Change

 	
Note: If the da	te, if other than the date of filing:
he record specif ord is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated OC	CTOBER 14, 2021
· 	Signature at a member or authorized representative of a member

Filing Fee: \$25.00