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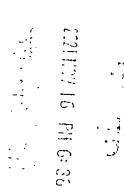
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COVER LETTER

TO:

TO: Registration Division of C		•	
CUBIECT.	TRI CAPIT	'AL FUND LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	LOVETTE DOBSON		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Firm/Company	
	17350 STATE HWY 249,	#220	
		Address	
	HOUSTON, TX, 77064		
	EFILE1234@INCFILE.CO	City/State and Zip Code M	-
	E-mail address: (to be used for future annual report notification)	
For further information	n concerning this matter, please co	all:	r 50
LOVETTE DOBSON		1 888-462-3453 at ()	umber 5
Nam	e of Person	Area Code Daytime Telephone No	umber
Enclosed is a check fo	r the following amount:		PH 0
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, 53 tificate of Status & tified Copy itional copy is enclosed)
P.O. Box 6	n Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303	ite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TF	RI CAPITAL FUND	LLC			
(<u>Name of the Limited Lis</u> (A Flo	ability Company as i orida Limited Liability	t now appears on our y Company)	records.)		
The Articles of Organization for this Limited Liability	ty Company were	filed on 10/15/2021		_ and ass	igned
Florida document number L21000451054					
This amendment is submitted to amend the following	ā :				
A. If amending name, enter the new name of the	limited liability c	ompa <u>ny here</u> :			
The new name must be distinguishable and contain the words	'Limited Liability Cor	npany," the designatio	n "LLC" or the abbre	eviation "L.	L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AL	DDRESS)			(%)	
	_				
			<u></u>	<u> </u>	1
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX	7)		<i>i</i>		
				-	***
			Ţ.i.,	. w	
B. If amending the registered agent and/or registered and/or the new registered office address her		ss on our records,	enter the name	of the nev	v register
Name of New Registered Agent:				-	····
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·		
		Enter Florida street	address		
_			, Florida	2. 6. 1	
	C	îty		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agre

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

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ote: If the date inserted in this block ocument's effective date on the Department.	does not meet the applica	able statutory filing requir	rements, this date wil	II not be lis	sted a
record specifies a delayed effective da is filed.	ite, but not an effective ti	me, at 12:01 a.m. on the o	earlier of: (b) The 9	0th day aft	er the
	2021				
November, 10	, 2021	<u> </u>			
ated November, 10 Sig		·			