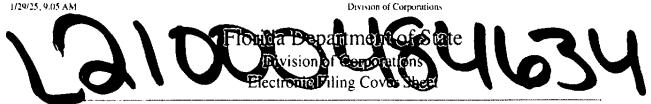
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000034239 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

e <u></u> 1	Address:			
-mai:	UNALOCC.			
	Muui Caa.			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRICICLO LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

Name of limited liability Company as it appears     State: TRICICLO LLC	s on the records of the Flor	rida Department of				
Enter new principal office address, if applicable:	501 SW 91st CT					
( <u>Principal office address</u> MUST BE A STREET ADDRESS)	Miami, FL 33174					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	501 SW 91st CT Miami, FL 33174					
2. The Florida document number of this limited lia	bility company is: L21000	1484634	2025 JAN			
3. Jurisdiction of its organization: DE						
4. Date authorized to do business in Florida: 11/09/2021						
SECTION II (5-9 complete only the applicable of						
5. New name of the limited liability company:  (must contain "Limited Liability Company," "L.L.C.," qr: "L.L.C.						
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	naging members adopting	ting business in Florida and att the alternate name. The alterna	ach a te name			
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	ed officer address on our re idress here:	ecords, enter the name of the ne	<u>:w</u>			
Name of New Registered Agent: Corporate Creation	ons Network Inc.		<u>_</u>			
New Registered Office Address: 801 US Highway						
Nort	Enter Florida Street Address orth Palm Beach 33408					
	City	, Florida 33408 Zip Code				
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper and accept the obligations of my position as registe	gistered Agent: it and agree to act in this c and complete performance	capacity. I further agree to con cof my duties, and I am familia	aply with ar with			

Tasha Edwards, Special Secretary

If Changing Registered Agent, Signature of New Registered Agent

Q7 AM 15612148442 → 18506176383  7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:					
8. If the amend	ment changes person, title or capacity in	accordance with 605.0902 (1)(e), indicate the	at change:		
Title/ Capacity	<u>Name</u>	Address	Type of Action		
MGR	LUIS FELIPE CORDERO ECHEVERRIA	LO BELTRAN 7942	□Add		
		VITACURA, SANTIAGO CL	<b>≅</b> Remove		
MGR	LUIS FELIPE CORDERO ECHEVERRIA	501 SW 91st CT	<b>=</b> Add		
		Miami, FL 33174	□Remove		
			□Add		
			□Remove		
			□Add		
			□Remove		
			□Add		
aforemention	under the law of which this entity is orga	y the official having custody of records in the mized.	□Remove		
	Signature of	the authorized representative			

Filing Fee: \$25.00

Tasha Edwards, Attorney-in-Fact

Typed or printed name of signee

## Delaware The First State

Page 1

I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TRICICLO LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-NINTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRICICLO LLC"
WAS FORMED ON THE TWENTY-FOURTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Charuni P. Sanchez, Secretary of State

C. G. Sanchez

Authentication: 202805300

Date: 01-29-25