L21000484806

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SECRETARY OF STATE
FALLARASSEE, FLORE
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COVER LETTER

TO: Registration Se Division of Cor			
	HOLDINGS, LLC.	·	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NICHOLAS GEORGE		
		Name of Person	
	TRIDECK HOLDINGS, L	.LC.	
		Firm/Company	
	P.O. BOX 14083		
		Address	
	TALLAHASSEE, FL. 323	17	
		City/State and Zip Code	
	NICHOLASGEORGE1971	-	
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
NICHOLAS GEORGE		850 321-9129 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	···	Street Address:	

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 OF

FILED

TRIDECK HOLDINGS, LLC.

2021 NOV 23 PM 11: 54

(Name of the Limited Liability Company as it now appears on our records FLARY OF STATE (A Florida Limited Liability Company) FALLAHASSEE, FLORES The Articles of Organization for this Limited Liability Company were filed on 11/15/2021 and assigned Florida document number L21000484806 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 "L.L.C." 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __, Florida ___ Cin 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CHASE CAPITAL HOLDINGS, L	980 BIRMINGHAM RD.	□Add
		SUITE 501-397	□Remove
		MILTON, GA. 30004	
AMBR	WHC PROPERTIES, LLC.	980 BIRMINGHAM RD.	
		SUITE 501-397	
		MILTON, GA. 30004	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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ecti	ive date, if other than	the date of fili	ing:			(optional)	
e:	fective date is listed, the date If the date inserted in the nent's effective date on the table.	is block does not	t meet the appli	cable statutory	filing requiren	nents, this date w	ill not be listed a
	d specifies a delayed eff led.	ective date, but n	ot an effective	time, at 12:01	a.m. on the earl	ier of: (b) The '	90th day after the
ed j	NOVEMBER 22		2021				
-u ,				 -			
		Signature of	a member or aut	horized represer	tative of a memb		
	1						