

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : MANAUSA SHAW & MINACCI
Account Number : I20210000086
Phone : (850)597-7616
Fax Number : (850)270-6148

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

Email Address: Kyle@manusaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRIDECK HOLDINGS, LLC.

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

C. BRUMBLEY
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11/08/2022 17:09

P.002/005

(FAX)
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIDECK HOLDINGS, LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kyle Shaw

Name of Person

Manausa Shaw Minacci

Firm/Company

1701 hermitage Blvd, Suite 100

Address

Tallahassee, FL 32308

Kyle@manausalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie Rae

850
at ()

597-7616

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TRIDECK HOLDINGS, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/15/21

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)

C/O Manausa Shaw Minacci, P.A.

1701 Hermitage Blvd, Suite 100

Tallahassee, FL 32308

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

980 Birmingham Rd, Ste. 501-397

Milton, GA 30004

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:

Kyle L. Shaw

New Registered Office Address:

1701 Hermitage Blvd, Suite 100

Enter Florida street address

Tallahassee

Florida

32308

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 Changing Registered Agent, Signature of New Registered Agent

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 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FL

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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>	<u>Type of Action</u>
AMBR	Coastline Capital Ventures, LLC	PO Box 14083	<input type="checkbox"/> Add
		Tallahassee, FL 32317	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 20, 2022

Signature of a member or authorized representative of a member

Kyle L. Shaw

Typed or printed name of signee

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Filing Fee: \$25.00