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Office Use Only



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T. MATTHEWS FEB 14 2022

COVER LETTER ...

TO: Registrati Division o	on Section of Corporations		
SUBJECT:	Triple Seven	ed Liability Company	
The enclosed Artic	les of Amendment and fee(s) are subn	nitted for filing.	
Please return all co	rrespondence concerning this matter t	o the following:	
	Gavin	Gladings Name of Person	OR Patricia Giddi
	THPle.	Seven Exp	<u>fess</u>
	1763	Riple Touch	e PL
	Rus	City/State and Zip Code	
	Gavin q	City/State and Zip Code City/State and Zip Code City/State and Zip Code To be used for Juture annual reportnotifications The control of t	1acl·Con
For further inform	ation concerning this matter, please ca	all:	
Patric	Name of Person	at (203) 241. Area Code Daytime	- 8685 Telephone Number
Enclosed is a chec	ck 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

22 FEB -3 FN 3: 15 Same 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 _ Florida document number <u>L 2/0004/99434</u>. 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

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.

City

$\frac{MGR = M}{AMBR = A}$	anager uthorized Member		5
Title	<u>Name</u>	Address	Type of Action
AMBR	Gavin Giddings	1763 Ripple Jade PL R	USKIOUT Add
Dwner	f O	Address 1763 Ripple Jade PL R	□Remove
			🖸 Change
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Typed or printed name of ster