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(Re	equestor's Name)	
(Ac	idress)	
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22 MAY 10 AM 9: 50

SECRETARY OF STATE STATE

T. MATTHEWS

JUL -8 2022

COVER LETTER

TO: Registration Se Division of Cor			
TRITON IC	CE & WATER L.L.C.		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	RAY A. RODRIGUEZ SA	NDOVAL	
		Name of Person	
	TRITON ICE &WATER L	L.C.	
		Firm/Company	
	131] E dgewater Dr. Ste 35	90	
		Address	
	Orlando, FL 32804		
		City/State and Zip Code	
	rsandoval@tritoniceandwate	er.com to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	·	realion,
Ray A Rodriguez Sando	val	210 974-9271 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	rtion
Division of Corporations		Division of Cort	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT FILED CORPORATIONS ARTICLES OF ORGANIZATION OF CORPORATIONS OF 22 MAY 10 AM 9: 50

TRITON ICE & WATER L.L.C. (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 $\frac{02/08/2022}{1}$ and assigned Florida document number L22000065360 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 "LLC." 11205 Paddock Manor Ave Enter new principal offices address, if applicable: Riverview, FL 32569 (Principal office address MUST BE A STREET ADDRESS) 1317 Edgewater Dr. Ste. 3590 Enter new mailing address, if applicable: Orlando, FL 32804 (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.

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
		+	□Add
			□ Remove
			Change
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			□Remove
			□ Change

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(If an effectiv <u>Note:</u> If the	date, if other than the date of filing:
f the record b) The 90	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
Dated	5/6/2022
	Signature of a member or authorized representative of a member
	Ray A Rodriguez Sandoval
	Typed or printed name of signee

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