

L22000173515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

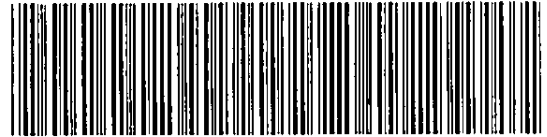
(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 12 2024

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09/11/24--01008--002 **25.00

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161000040110002

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2024 SEP 11

AM 9:55

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161000040110002

**CORPORATE
ACCESS,
INC.**

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WALK IN

PICK UP: JENA 9/11

CERTIFIED COPY _____

XX PHOTOCOPY _____

CUS _____

XX FILING LLC AMEND _____

1. TRICKLE LLC

(CORPORATE NAME AND DOCUMENT #)

2. _____

(CORPORATE NAME AND DOCUMENT #)

3. _____

(CORPORATE NAME AND DOCUMENT #)

4. _____

(CORPORATE NAME AND DOCUMENT #)

5. _____

(CORPORATE NAME AND DOCUMENT #)

6. _____

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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

TRICKLE LLC

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

FILED
2024 SEP 11 AM 9:56
FBI/DOJ

The Articles of Organization for this Limited Liability Company were filed on 04/26/2022 and assigned
Florida document number L22000173515.

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

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

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	Chorz LLC	525 Park Avenue Apt 4S	<input type="checkbox"/> Add
		NY, NY 10065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PMDM, LLC	129 S. 11TH ST.	<input checked="" type="checkbox"/> Add
		NASHVILLE, FL 37206	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WEINBERG WILPON, JILL	1107 NE 2ND AVENUE	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33444	<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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 September, 2024

/S/ Michele Tompkins

Signature of a member or authorized representative of a member

Michele Tompkins

Typed or printed name of signee