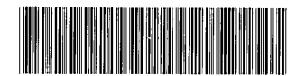
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(R	Requestor's Name)
(A	ddress)
(A	ddress)
(C	city/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(В	Jusiness Entity Name)
(D	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer.

Office Use Only



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02/24/01--01017--011 **50.00

COVER LETTER

Division of Cor	rporations	**	
SUBJECT: / KI	YITY TRIFECTION Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondence	ondence concerning this matter	r to the following:	
	DAVID	DUMCAIY Name of Person	
		Firm/Company	
	317 SW 19	90 TH TEICEACE Address	
	PEMBROKE	PINES / FL 3302 City/State and Zip Code	
	DAVID	OUNCAN 216 @GMAIL . (to be used for future annual report notificati	Com 5 %
For further information co	oncerning this matter, please c		
DAVI) Name of	JNCAW Person	at (<u>216</u>) <u>339 - 70</u> Area Code Daytime Tel	233 Lephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 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)

Registration Section

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRINITY TRIFECTA	LLC
(Name of the Limited Liability Company (A Florida Limited Lia	r as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	were filed on $\frac{5/9}{2022}$ and assigned
Florida document number LZZ006Z1669Z	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
H /A	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
	ţ
Enter new mailing address, if applicable:	N/A - [
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	NIA
New Registered Office Address:	Finer 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 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>	Address	Type of Action
MGR	DAVID DUNCAN	312 SW 190TH TEKKACE	DZAdd
		DEMBROKE PINES, FL	□Remove
		33029	□Change
MGR	DAKREN LESLIE	2351 LAKE MIKAMAK WA	□Add
		MIRAMAK, FL 33025	CRemove
			□Change
MGK	KHYRIE ALLEYNE	12 CROWN STREET APT. 15	<u>ì</u> ` □Add
		BROOKLYN, MY 1/225	L Remove
			□ Change
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

I WOULD LIKE TO REMOVE	TWO MANAGERS	AND	ADD
OHLY MYSELF AS A MANAG	E/C.		
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ctive date, if other than the date of filing:		ional)	
ffective date is listed, the date must be specific and cannot be prior t If the date inserted in this block does not meet the applica			
ment's effective date on the Department of State's records.	, -,		
and an air Committee of the control		.) The O(ul de la
ord specifies a delayed effective date, but not an effective tin filed.	ne, at 12:01 a.m. on the earlier of: () The 90	ith day afte
FEB ZIST			
d 2/21/2023 2023	_ <i>·</i>		
Signature of a member or author	rized representative of a member		
1 DAVID DUA	1-4-1		