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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email	Address:	.ఆ ——
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TRIPLESHOT HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tripleshot Holdings LLC		
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	s appears on our records.) impany)	
The Articles of Organization for this Limited Liability Company were filed Florida document number L22000411193.	1 on 09/20/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	oany here:	
The new name must be distinguishable and contain the words "Limited Liability Compar	ay," the designation "LLC" or the	: abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	11-21-11-11-11-11-11-11-11-11-11-11-11-1	
(Mailing address MAY BE A POST OFFICE BOX)		
		2623
B. If amending the registered agent and/or registered office address o agent and/or the new registered office address here:	n our records, enter the n	· - · · · · · · · · · · · · · · · · · ·
agein and/or the new registered orice address nere.	,	्रा ।
No. of the control of		. 2 E
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	-	
F.	Inter Florida street address 🥏 🛴	<u> </u>
· · · · · · · · · · · · · · · · · · ·	Florida	
Cin		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, <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
AMBR	Warren Dale	4425 CONCHFISH LANE	ZrAdd
		OSPREY, FL 34229	□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			DChange
	<u>. </u>		EAdd
			□Remove
			□Change
			□Add
			TiRemove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) 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. $_{
m Dated}$ February 1 2023 Cale in James Signature of a member or authorized representative of a member Robin Jones Typed or printed name of signee

Filing Fee: \$25.00