

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000088535 3)))



H230000885353ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : API PROCESSING Account Number : I20110000069 Phone : (954)567-0013 Fax Number : (954)567-3401

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

Email Address: kathy@apiprocessing.com

PECANTAL SAMILIZO
DEFRATE OF AM 11 20
DEFRATE OF STATE
DIVISION STATE
DIVINITION STATE
DIVINITION

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INTEGRATION TRIFECTA LLC

8712 0 1 UNIV

 \sim

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

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ON TRIFECTA LLC			
(Name of the Limited Liability ((A Florida Li	Company as it now appearmited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Com Florida document number		FEBRUARY 7, 2023	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company h	ere:		
The new name must be distinguishable and contain the words "Limited	I Liability Company," the o	lesignation "LLC" or the abbr	eviation "L.L	.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u> </u>	·		·

Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		· · · · · · · · · · · · · · · · · · ·	2023	
		•	77	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our r	ecords, enter the name	of the new	registered
			>-> _3:	<u>i_</u>
Name of New Registered Agent:			<u>. </u>	
New Registered Office Address:			. 5	
	Enter Flo	rida street address		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered A	<u>sgent:</u>			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com- accept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of it as provided for in (fmy duties, and I am fan Chapter 605, F.S. Or, if	niliar with this docun	and nent is

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

Title	<u>Name</u>	Address	Type of Action
AMBR	ELADIO R. RIVAS III	1023 PLYMOUTH STREET EAST	= Add
	LEHIGH ACRES, FL 33974	□ Remove	
		©Change	
		□Add	
		□Remove	
			□Change
		□Add	
		□Remove	
		□Add	
			☐Remove
			Change
			🖸 Add
			□Remove
			□Change
			□Add
			□ Rето∨с
			Change

•	
-	
	<u> </u>
	·
-	
•	
-	
-	
-	
-	
-	
ffect	lve date, if other than the date of filing: (optional) (optional) (optional) (optional) (optional) (optional)
an eff ote:	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocum	ent's effective date on the Department of State's records.
recor	d 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
is fil	_
	1 march 8 2023
ated	1 march 8 2023
	algusture of a member or authorized representative of a member
	ELADIO R. RIVAS, III

Filing Fee: \$25.00