

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.

(((H23000126818 3)))



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 : INCFILE.COM LLC Account Number: I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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

EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN-TRIMLY LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

T. LEMIEUX APR 1 0 2023

COVER LETTER

TO: Registration So Division of Co			•
contrar d	TRI	MLY LLC	
SUBJECT: **	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249 9		
		Address	
	HOUSTON, TX 77064		
	EFILE1234@INCFILE.CO		
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	all:	
LOVETTE DOBSON		8884623451	3
Name o	of Person	at ()	ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	[2] \$55.00 Filing Fee & Certified Copy (additional copy is unclosed)	
<u>Mailing Addres</u> Registration 1 Division of C	Section	<u>Street Address:</u> Registration Sc Division of Co	
P.O. Box 632 Tallahassee,		The Centre of [*] 2415 N. Monro Tallahassee, FI	be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

771111111111111111

LKIN	11. 1 1.1.0	
(Name of the Limited Liability Con (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)	
the Articles of Organization for this Limited Liability Compa Forida document number 1,23000094728	ny were filed on 02/22/2023	and assigned
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited li	ability company here:	
furu Technologies LLC		
ne new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered officent and/or the new registered office address here:	e address on our records, enter the nat	ne of the new registo
		>>
		J
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		י ס־
	Enter Florida street address	_a
	, Florida	2
	, Florida	Zip (Side

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			UAdd
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

		···			
-					
					
•• — •					
			· · · -		
				~~	

			 -		
		·			
			.		•
ctive date, if other than	the data of filings			(mation	
effective date is listed, the date effective date in this iment's effective date on the	must be specific and canno s block does not meet th	ie applicable st	of filing or more that and ory filing rec	option on 90 days after til uirements, this d	ing.) Pursuant to 605,02
ord specifies a delayed effectiled	tive date, but not an ef	fective time, at	12:04 a.m. on th	e earlier of: (b)	The 90th day after th
ad April 04	20:				
		_	a/ £		
	Signature of a member	r or authorized r	epresentative of a	inaniber	

Filing Fee: \$25.00