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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: THON TOWERS LACTOR Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Autores A Headure Name of Person
Titon Powersonts LLC
500 Ballough Pd
Turstena Bread FL 32114 City/State and Zil Gode
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: William Charles at (88) 757 674 2 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$555.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Certificate of Status & Certificate of Stat

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Triston	Ower	Sports	LCC		
(<u>Name of the Limited</u> (/	A Florida Limited L	y as i <mark>f now appears on c</mark> iability Company)	our records.) i		
The Articles of Organization for this Limited Lial Florida document number <u>L</u> 23000 C		were filed on <u>H</u>	24/23	and assignment	gned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t				· 2	
The new name must be distinguishable and contain the wor	rds "Limited Liabili	ty Company," the design:	ation "LLC" or the ab	breviation, "L.L	C."
Enter new principal offices address, if applical	ble:			APR 2	=
(Principal office address MUST BE A STREET	ADDRESS)		·	200 00	<u>'m</u>
		~~~		四部 理	<del></del>
Enter new mailing address, if applicable:				18 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>				
					- <del></del>
B. If amending the registered agent and/or reg agent and/or the new registered office address		ddress on our record	ds, <u>enter the nam</u>	e of the new	registered
Name of New Registered Agent:	William	n (dwgl	Halu	e	
New Registered Office Address:	<u> </u>	Enter Florida st	reet address	<del></del>	1
-	Daylon	a beach	, Florida	321	<u> </u>
	( )	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

May Perhaps 500 Ballaugh Rd Daylona Beach, Fill Stands  Change  Change	<u>tion</u>
May William Etahn 500 ballough Re Mad Remove	2
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D. If amending a	any other information,	Halmh	e: (Allach ad When S & L-L	Mother of a	necessary.)  7 5/2	₽ - 2/24
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(If an effective date Note: If the date	e, if other than the date te is listed, the date must be sp ate inserted in this block do fective date on the Departn	ecific and cannot be prior ses not meet the application	able statutory i	or more than 90 days a		
If the record specifi record is filed.	es a delayed effective date	, but not an effective ti				ter the
Date Male	22- 203	<u>Ч</u>	1	e wow V		
	Signat	ture of a member or author	rized representa	ative of a member		

Typed or printed name of signee