

L23000104208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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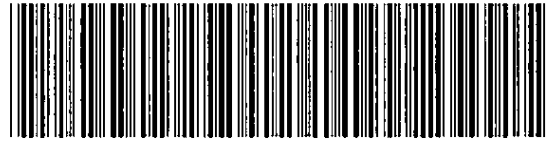
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIPLE S RANCH HOLDINGS, LLC

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:

Brent Baris

Name of Person

Baris Law, PLLC

Firm/Company

15906 NW 288th Lane

Address

Alachua, FL 32615

City/State and Zip Code

virginia@sanchezfarms.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brent Baris

813 363-5676
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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)

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TRIPLE S RANCH HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/27/2023 and assigned
Florida document number L23000104208.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter 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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	VIRGINIA M SANCHEZ	479 NE 446TH ST	<input type="checkbox"/> Add
		OLD TOWN, FL 32680--775	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HERMAN SANCHEZ, JR.	479 NE 446TH STREET	<input type="checkbox"/> Add
		WHITE, FL 32680	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	THE HERMAN SANCHEZ, JR TR	479 NE 446TH STREET	<input checked="" type="checkbox"/> Add
		OLD TOWN, FL 32680	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	THE VIRGINIA SANCHEZ TRUS	479 NE 446TH STREET	<input checked="" type="checkbox"/> Add
		OLD TOWN, FL 32680	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	IRREVOCABLE TRUST FBO KE	479 NE 446TH STREET	<input checked="" type="checkbox"/> Add
		OLD TOWN, FL 32680	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	IRREVOCABLE TRUST FBO HE	479 NE 446TH STREET	<input checked="" type="checkbox"/> Add
		OLD TOWN, FL 32680	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

Dated October 31 . 2023

Virginia M. Sanchez
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

VIRGINIA M SANCHEZ

Typed or printed name of signee

Filing Fee: \$25.00