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| Special Instructions to Filing Officer: |
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Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

| Triple J M L | LLC | | | |
|--------------------------------|--|---|---|--|
| SUBJECT: | Name of Limi | ted Liability Company | | |
| The enclosed Articles of A | Amendment and fee(s) are sub- | nitted for filing. | | |
| Please return all correspon | ndence concerning this matter | to the following: | | |
| | Jesus Muniz-Estrada JR | | | |
| | Name of Person | | | |
| | Triple J M LLC | | | |
| | | Firm/Company | | |
| | 151 FAIRVIEW AVE | | | |
| | | Address | | |
| | FORT MYERS, FL 33905 | | | |
| | | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · | |
| | juniormuniz9124@icloud.co | | | |
| | E-mail address; (| o be used for future annual report no | tification) | |
| For further information ed | oncerning this matter, please ca | dt: | | |
| Jesus Muniz- Estrada JR | | 239 257-9770 at () | | |
| Name of | f Person | Area Code Daytii | ne Telephone Number | |
| Enclosed is a check for th | ne 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 S | Section | <u>Street Address:</u> Registration So | | |
| Division of Corporations | | Division of Co | orporations | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

· ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Triple J M LLC | | |
|--|--|------------------------------|
| (<u>Name of the Limited Liabilit</u> (A Florida | v Company as it now appears on our records.) Limited Liability Company) | _ |
| The Articles of Organization for this Limited Liability Co | ompany were filed on 03/22/2023 | and assigned |
| lorida document number L23000146577 | _· | _ |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limi | ted liability company here: | 102 |
| N | la | ٠., |
| The new name must be distinguishable and contain the words "Limi | ted Liability Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| D 4. 10 10 10 10 10 10 10 10 10 10 10 10 10 | | 22 |
| Enter new principal offices address, if applicable: | | |
| <u>Principal office address MUST BE A STREET ADDR</u> | ESS) $\sim \sqrt{Q}$ | |
| | | ن |
| | | 0, |
| Enter new mailing address, if applicable: | | |
| • | N. (a | |
| (Mailing address MAY BE A POST OFFICE BOX) | - NA | |
| | | |
| 3. If amending the registered agent and/or registered agent and/or the new registered office address here: | l office address on our records, <u>enter th</u> | e name of the new regis |
| | | |
| Name of New Registered Agent: | NIA | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flor | ida |
| | 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> | Address | Type of Action |
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| | be specific and cannot be prior to da ck does not meet the applicable | | |
| ord specifies a delayed effective filed. | date, but not an effective time, | at 12:01 a.m. on the earlier o | f: (b) The 90th day after the |
| d August 17th | | | |
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COVER LETTER

TO:

| TO: Registration S Division of Co | | | | |
|---|--|---|--|--|
| Triple J M | LLC | | | |
| SUBJECT: Name of Limited Liability Company | | | | |
| The enclosed Articles of | f Amendment and fee(s) are subn | nitted for filing. | | |
| Please return all corresp | ondence concerning this matter t | o the following: | | |
| | Jesus Muniz-Estrada JR | | | |
| | | Name of Person | | |
| | Triple J M LLC | | | |
| | | Firm/Company | | |
| | 151 FAIRVIEW AVE | | | |
| | | Address | - | |
| | FORT MYERS, FL 33905 | | 2023 : | |
| | | City/State and Zip Code | 2.2 | |
| | juniormuniz9124@icloud.co | | | |
| | E-mail address: (t | o be used for future annual report not | • • | |
| For further information | concerning this matter, please ca | dl: | ـــــــــــــــــــــــــــــــــــــ | |
| Jesus Muniz- Estrada Ji | २ | 239 257-9770 at () | | |
| Name | of Person | Area Code Daytin | ne Telephone Number | |
| Enclosed is a check for | the following amount: | | | |
| ☐ S25.00 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 Addre | | Street Address: | nation | |
| Registration Section Division of Corporations | | Registration Se Division of Co | | |
| P.O. Box 63 | • | The Centre of | • | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303