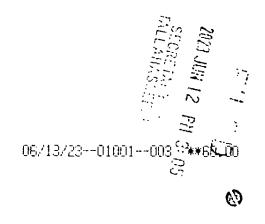
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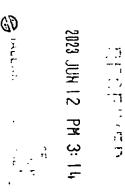
(R	equestor's Name)	
(A	ddress)	
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(A	ddress)	
(C	ity/State/Zip/Phone #	<del>)</del>
PICK-UP	WAIT	MAIL
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(D	ocument Number)	<del></del>
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Certified Copies	Certificates	of Status
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Special Instructions to Fil	ing Officer:	
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Office Use Only



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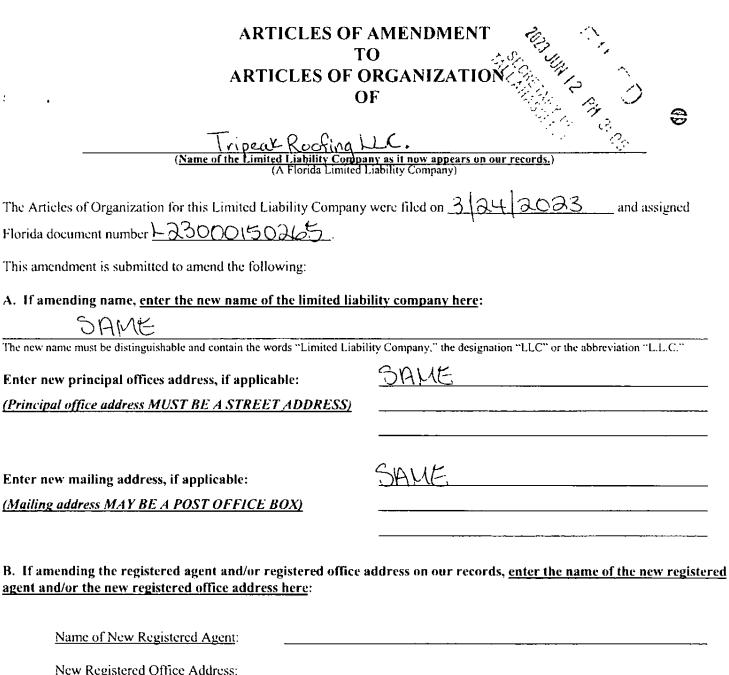
## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJI	, ЕСТ:	Tripeak Re Name of Lim	cofing LLC ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Land	ion haferty Name of Person	
		Triper	KRODING LLC. Firm/Company)	<del></del>
		8075	Delaware der	
		Spring	3 Hill FL, 34607 City/State and Zip Code	<u> </u>
		E-mail address: (1	ocfers oq meula cov to be used for futuae annual report notif	leation)
For fur	ther information co	ncerning this matter, please ca	all:	
	Tyler Vo	Person	at (352) (A1-2) Area Code Daytime	: Telephone Number
Enclos	ed is a check for the	e following amount:		,
□ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Sectin Section Section Section Section Section Section Section Section
	Mailing Address	i <sub>.</sub>	Street Address:	

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

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION



## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
Mak	Tyler Russell Varn	202 Olive St	□Add
	,	202 Olive St Brooksville Fl. 341e01	□Remove
			_
			DAdd
			□Remove
			Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
		-	□Change
			DAdd
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			□Remove
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,	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an effec Note:   I	e date, if other than the date of filing:
e record rd is file	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 d.
Dated _	May 22 2023
	Signature of a member or authorized representative of a member
	Landen Laterty  Typed or printed name of signee