L23000189450

(F	Requestor's Name)	
(4	Address)	
(/	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(E	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
		



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09/19/23--01001--001 **25.00

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A. RIVERS 0CT 0 4 2023

COVER LETTER

TO:	Registration Se Division of Cor		·	
CHID IE	Triangle Oa	ik Homebuyers LLC		
SUBJECT:				
The enc	losed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Lexie Rivers		
			Name of Person	
		Prime Corporate Services		
			Firm/Company	
		5250 S Commerce Dr Ste 2	200	
			Address	
		Murray, UT 84107		
			City/State and Zip Code	
		llcsupport@primecorporate		
		E-mail address: ()	to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please ca	all:	
Lexie R			at () Area Code Daytime	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed	d is a check for th	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Triangle Oak Homebuyers LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 4/17/2023	and assigned
Florida document number <u>L23000189450</u>	 .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Cash 4 Door REI LLC		
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RFSS)	
		···
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or regis		iter the name of the n
registered agent and/or the new registered office add	Iress here:	• •
		•
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
The registered of the reduces.	Enter Florida street address	
	. Florid	·
	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
			□ Add
			Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			□ Change

D. If amending a	ny other information, enter change(s) here: (Attach addition	nal sheets, if necessary.)
•		
		<u></u>
		
		
 		
		
		<u></u>
Note: If the da	, if other than the date of filing: e is listed, the date must be specific and cannot be prior to date of filing or mo te inserted in this block does not meet the applicable statutory filing ective date on the Department of State's records.	(optional) re than 90 days after filing.) Pursuant to 605.0207 (3)(b requirements, this date will not be listed as the
	ecifies a delayed effective date, but not an effective tings after the record is filed.	me, at 12:01 a.m. on the earlier of:
Dated Septemb	per 5 2023	
	Signature of a member or authorized representative of	of a member
Lex	ie Rivers	

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Typed or printed name of signee

Filing Fee: \$25.00