

L2300021 5455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

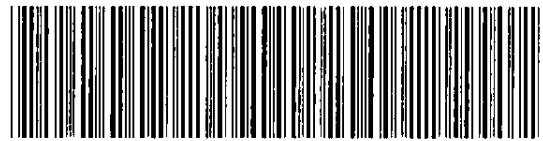
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900413165159

08/01/23--01030--019 **55.00

SECRETARY OF STATE
TALLAHASSEE, FL

2023 AUG -1 PM 6:19

FILED

VW

Tax Professional Services, LLC

A Financial Services Corporation
1105 W Maple Ave
Geneva, AL 36340
334-684-6398
334-684-7193 -fax
www.taxprollc.com

Members: National Society of Accountants, National Association of Enrolled Agents, National Society of Tax Professionals, American Society of Problem Solvers

July 25, 2023

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

To whom it may concern,

Enclosed you will find: original and one copy of Articles of Amendment to Articles of Organization, check for payment and a self addressed & stamped envelope.

Please register the enclosed Articles of Organization for Triple Cross Construction, Services, LLC and return the original recorded Articles to us.

Thank you.



Ulli Steiner
Tax Professional Services, LLC

Enc.

Cert#: 7022 2410 0001 5305 9977

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRIPLE CROSS CONSTRUCTION SERVICES, 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:

Ulli Steiner	Name of Person
Tax Professional Services, LLC	Firm/Company
1105 W Maple Ave	Address
Geneva, AL 36340	City/State and Zip Code
ulli@taxprollc.com	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ulli Steiner 334 684-6398
_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

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

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

TRIPLE CROSS CONSTRUCTION SERVICES, 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 05/02/2023 and assigned
Florida document number L23000215455.

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)

FILED
2023 AUG - 1 PM 6:19
SECRETARY OF STATE
TALLAHASSEE, FL

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

City , Florida 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	BRUCE W NIDY, III	276 LAKE HOLLEY CIRCLE	<input type="checkbox"/> Add
		DEFUNIAK SPRINGS, FL 32433	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	BRIDGET M NIDY	276 LAKE HOLLEY CIRCLE	<input type="checkbox"/> Add
		DEFUNIAK SPRINGS, FL 32433	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ZACHARY Q SMITH	12535 US HWY 331 N	<input checked="" type="checkbox"/> Add
		DEFUNIAK SPRINGS., FL 32433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated July 21, 2023

Shirley B. Ramez
Signature of a member or author

Signature of a member or authorized representative of a member

Shelby B Ramer

Typed or printed name of signee

Filing Fee: \$25.00