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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
CUBIE	Triple J Wa	y LLC		
SORTE	CT:			
The encl	osed Articles of .	Amendment and fee(s) are subr	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter t	o the following:	
		Leigh L. Newsome		
			Name of Person	
		Triple J Way LLC		Code Saccess Section Section
			Firm/Company	
		530 Griffin Rd		
			Address	
		Wewahitchka, FL 32465		
			City/State and Zip Code	
		triplej.975@gmail.com E-mail address: (t	o be used for future annual report noti	fication)
For furti	ner information co	oncerning this matter, please ca		
Leigh L	Newsome		850 8322026	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	d is a check for th	ne following amount:		
□ \$ 25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
	Mailing Addres Registration S		Street Address: Registration Se	ction

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 TO ARTICLES OF ORGANIZATION OF

any as it now appears on our recor Liability Company)	<u>ds.</u>)	
y were filed on July 05, 2023	and assigned	
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address on our records, enter	r the name of the new regist	
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	bility company here: bility Company," the designation "LL. No Change No Change Enter Florida street address., F	

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 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
	Leigh I. Newsome	530 Griffin Rd	
		Wewahitchka, FL 32465	□ Remove
			□Change
	Brenda E Little	590 Griffin Rd	□Add
		Wewahitchka, FL 32465	Remove
		850-832-1512	□ Change
	Candace Bowenkamp	302 Terrapin Way	□Add
		Panama City Beach, FL 32413	■Remove
		850-447-5239	Change
	John W Newsome	530 Griffin Rd	
		Wewahitchka, FL 32465	■Remove
		850-643-1515	Change
 			□Add
			□Remove
			☐ Change
	 		□Add
			Remove
			□Change

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Effective date, if other than the offerive date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and can ck does not meet	not be prior to da the applicable	e of filing or more statutory filing re	quirements, this d	ing.) Pursuant to 605.0	
ne record specifies a delayed effective ord is filed.	date, but not an e	effective time,	it 12:01 a.m. on t	he earlier of: (b)	The 90th day after	the
Dated		024				
	Meuson Signature of a meml	mQ ber or authorized	representative of	ı member		
Leigh L Newsome	Signature of a meni	or additionate	representative of t	. memoer		

Filing Fee: \$25.00