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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: IVIPLE J HOUSE	no uc
Name of Limited Li	ability Company
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
JOJe Fer	Name of Person
Triple J Ha	Olers, U.C. Firm/Company
966 18th PI	5W Address
<u>Vero Becich</u> City	FI 32962 /State and Zip Code
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, please call:	
TOSE Ferreira Name of Person	at (1172) 584 138 Area Code Daytime 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 & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Description Section	Street Address: Registration Section
Registration Section Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TriDIE T Have	ner uc	2023 SEP 22 AM 7: 56
(Name of the Limited Liab) (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	1 1 1 2 12
The Articles of Organization for this Limited Liability (Florida document number 230003538	Company were filed on $\frac{12623}{382}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lii	mited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Flôrida street address	
		ta
	, Flor	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
<u>m6R</u>	Too Ferreira	966 18th DI SW, Vero Beach Fl 32962	Add
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	t's effective date on the Department of State's records.
cord s s filed	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 specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)
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	Signature of a member or authorized representative of a member 505c R. Ferrei
	Typed or printed name of signee

Filing Fee: \$25.00