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(R	equestor's Name)	
(A)	ddress)	
(A	ddress)	····
(C	ity/State/Zip/Phone #	)
☐ PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	)
(D	ocument Number)	<del></del> :
Certified Copies	Certificates of	f Status
Capaial lasterations to	- Cilian Officer	· · · · · · · · · · · · · · · · · · ·
Special Instructions to	Filing Officer:	
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Office Use Only



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2023 SEP - 7 AM II: 00 ALLAHÁSSEE. FLOKE

FLORIDA CAPITAL COURIER 2330 CLARE DRIVE	SERVICES, INC		
TALLAHASSEE, FL 32309			
(850) 524-5437			
(850) 524-6243			
(830) 324-0243			
Please use funds from accoun	it: I20210000160: \$60.00		
<b>AUTHORIZATION SIGNATUR</b>	RE: Jantule-		
Tritium LLC	$\mathcal{O}$		
Business name	Document #		
X Certified Copy			
n_cerumed copy			
X_ Certificate of Status			
NEW FILINGS	<u>AMENDMENTS</u>		
Profit Corp	X Amendment		
Not for Profit	Resignation of R.A.		
Officer/Director	Articles of Dissolution		
Limited Liability	Change of Registered Agent		
Domestication	Revocation of Dissolution		
Other	Merger		
CORP	Conversion		
LLLP	Amended and restated Articles		
	Statement of Authority		
OTHER FILINGS			
OTHERTIENTOS	REGISTERATION/QUALIFICATIONS		
	E . C1.		
Annual Report	Foreign filing		
milatatu u Ni	Limited Partnership		
Fictitious Name	Reinstatement OTHER		
APOSTILLE: _	UITER		

EXAMINIER'S INITIALS:\_\_\_\_

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

TRITIUM I	LLC					
SOBJECT.	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	endence concerning this matter	to the following:				
	CYVIA PATICHI					
		Name of Person				
	TRITIUM LLC					
		Firm/Company				
	20035 NE 2nd Court					
		Address				
	North Miami Beach, FL 33	3179				
		City/State and Zip Code				
	spatichi@gmail.com					
	E-mail address: (	to be used for future annual report not	ification)			
For further information of	oncerning this matter, please c	all:				
Sylvia Patichi		754 at ( )				
Name of Person		Area Code Daytir	ne Telephone Number			
Enclosed is a check for t	he 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)			
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Se				
Division of Corporations		Division of Corporations The Centre of Tallahassee				
P.O. Box 632 Tallahassee,			pe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

TRITIUM LLC	2023 SEP - 7 PM 10				
(Name of the Limited Liab	ility Company as it now appears on our records.) da Limited Liability Company)	3 SEP -7 PM 12: 32			
(X Flori	TALL	AHACCA W. ST. J.			
The Articles of Organization for this Limited Liability	Company were filed on AUGUST 10 2023	AHASSEE, FINE and assigned A			
Florida document number 1.23000377090					
lorida document number	<del></del> -				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liability company here:				
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)				
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or register agent and/or the new registered office address here		ame of the new register			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	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 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
MGR	DOREEN PATICHI	9906 BUSTLETON AVENUE APT F6	□Add
		PHILADELPHIA, PA 19155	■Remove
			□ Change
MGR	CYVIA PATICHI	20035 NE 2nd Court	<b>=</b> Add
		North Miami Beach, Fl 33179	□ Remove
			□Change
	<del></del>		□Add
			□ Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□ Change
			🗆 Add
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E. Effe	ective date, if other than the effective date is listed, the date mu	date of fi	ling:	or to date	of filing or me	ne than 90 day	(option	ial) ling ) Pursi	uant to 61	05 O20
Note	e: If the date inserted in this blument's effective date on the D	lock does no	ot meet the appli	icable sta	ntutory filing	requiremen	ts, this c	late will r	not be li	sted as
doce	union s effective date on the D	cpariment (	of State 3 record							
	cord specifies a delayed effective	e date, but	not an effective	time, at	12:01 a.m. c	n the earlier	of: (b)	The 90th	n day afi	ter the
record is										
	September 7				//	n				
Date										