## L23000491640

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SECRETARY OF STATE
TALLAHASSEE. FL

FILED

## **COVER LETTER**

A Company of the

TO: Registration Section

Division of Corporations		
SUBJECT:	Making Money Name of Lim	Moves LLC
	Name of Lini	ted Inability Company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	Roba	Name of Person
	Mal	Firm/Company Moves LLC
	9411	SW 16 St Address
	· · · · · · · · · · · · · · · · · · ·	Address
	Klino	ni Fl 33165
		City/State and Zip Code
	Making	money moves 2024 Egmail.com to be used for future annual report notification)
For further information	concerning this matter, please c	all:
Roberto	Valdes of Person	at (305) 975-717 Area Code Daytime Telephone Number
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	
	S30.00 Filing Fee &	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	ess:	Street Address:
Registration	Section	Registration Section
Division of C P.O. Box 63	Corporations	Division of Corporations The Centre of Tallahassee
Tallahassee,		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MAKING MONEY MOVES LLC.
(Name of the Limite

2023 DEC -4 AM 10: 46

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our reco Liability Company)	SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Compan	y were filed on 10/27/2023	and assigned
Florida document number L23000491640		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
TRIPLE M LLC		
The new name must be distinguishable and contain the words "Limited Lial	pility Company," the designation "Ll	LC" 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:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
New registered Office Address.	Enter Florida street addi	ress
	. 1	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
			□Add
			□Remove
	<del></del>		
			□Remove
			□Change
		<del></del>	
			□Remove
			□Add
			□Remove
			□ Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□ Change

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ote:	ce date, if other than the date of filing:
record is file	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 ed.
ated _	11/5/23
	Signature of a member or authorized representative of a member
	Roberto Unides