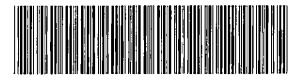
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COVER LETTER

TO:

Registration Section Division of Corporations

· SUBJECT:	TRIPLE CROWN ENTERPRISE TCE, LLC			
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Howard Chappell		
			Name of Person	
		Chappell Law Group		
			Firm/Company	
		5237 Summerlin Common	s Blvd., #366	
			Address	
		Fort Myers, FL 33907		
		-	City/State and Zip Code	
		heclaw@comcast.net		
		E-mail address: (to be used for future annual report not	ification)
For further i	nformation c	oncerning this matter, please co	ıll:	
Howard Cha	appell		239 337-9875 at ()	
	Name o	l'Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25,00 l	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)
	iling Addres		<u>Street Address:</u> Registration Sc	ection
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassas, El. 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIPLE CROWN ENTERPRISE TCE, LLC

2023 EED 11 EH 3: 56

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Horida document number 1.23000528876		
This amendment is submitted to amend the following:		
_		
A. If amending name, enter the new name of the limited	d liability company here:	
TRIPLE CROWN ATHLETICS, LLC	<u> </u>	
he new name must be distinguishable and contain the words "Limited	Liability Company." the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRES</u>	S.S)	
		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		•
	•	
	ffice address on our records, <u>ent</u>	er the name of the new registered
	ffice address on our records, <u>ent</u>	er the name of the new registered
gent and/or the new registered office address here:	ffice address on our records, <u>ent</u>	er the name of the new registered
	ffice address on our records, <u>ent</u>	er the name of the new registered
gent and/or the new registered office address here:		
Name of New Registered Agent:	ffice address on our records, <u>ent</u> Enter Florida street add	
Name of New Registered Agent:	Enter Florida street add	ress
Name of New Registered Agent:	Enter Florida street add	ress
Name of New Registered Agent: New Registered Office Address:	Enter Florida street add City	ress
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: Sew Registered Agent's Signature, if changing Registered Agent and convisions of all statutes relative to the proper and compacted the obligations of my position as registered agent agent filed to merely reflect a change in the registered agent.	Enter Florida street add City Seent: d agree to act in this capacity. I plete performance of my duties, it as provided for in Chapter 60.	ress Florida Zip Code , further agree to comply with the and I am familiar with and 5, F.S. Or, if this document is
New Registered Office Address: Sew Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent and covisions of all statutes relative to the proper and comaccept the obligations of my position as registered agencing filed to merely reflect a change in the registered company has been notified in writing of this change.	Enter Florida street add City Seent: d agree to act in this capacity. I plete performance of my duties, it as provided for in Chapter 60.	ress Florida Zip Code further agree to comply with the and I am familiar with and 5, F.S. Or, if this document is that the limited liability

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
			□Change
			□ Add
		<u> </u>	□Remove
			□Change
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			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
, .	
	
	·
(li'an e <u>Note:</u>	tive date, if other than the date of filing:
f the reco ecord is t	rd 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 ided.
Datec	December 7 2023
	Signature of a member or authorized representative of a member
	Richard Dantona
	Typed or printed name of signee