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COVER LETTER

TO:

	istration Sision of Co					
SUBJECT:	Triple D S	itrategies LLC				
30B.JF.C 1:		Name of Lin	nited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Aubrey Birrell				
			Name of Person			
		Prime Corporate Services				
			Firm/Company			
		5250 S Commerce Dr Ste	200			
			Address			
		Murray, UT 84107				
			City/State and Zip Code			
		llesupport@primecorporate				
		E-mail address: (to be used for future annual report notif	ication)		
For further in	formation c	oncerning this matter, please ca	all:			
Aubrey Birrell			855 577-4639 at ()			
Name of Person			: Telephone Number			
Enclosed is a	check for th	ne following amount:				
■ \$25.00 Filing Fee □ \$30.00 Filing Fee &		☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	Certified	e of Status	
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 ssee, Fl. 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ntions	SEGE A TO	2024 AUG 27

Tallahassee, FL 32301

ARTICLES OF AMENDMENT ' TO ' ARTICLES OF ORGANIZATION OF

Triple D Strategies LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 2/20/24 and assigned Florida document number L24000089398 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "L.L.C." 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Dylan M Weissinger Name of New Registered Agent: 4409 SE 16th Place, Unit 10A New Registered Office Address: Enter Florida street address

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.

City

Cape Coral

nanging Registered Agent. Signature of New Registered Agent

_, Florida <u>33904</u>

Page 1 of 3

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>	<u>Address</u>	Type of Action
AMBR	Dylan M Weissinger	4409 SE 16th Place. Unit 10A	
		Cape Coral FL 339404	□ Remove
			■ Change
			□ Remove
			☐ Change
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
		 	Add
			□ Remove
			Change Science Add
			O Remove
			☐ ☐ Chinge

). II amend	ing any other information, enter change(s) here: (Attach additional sheets, if necess	ary.)		
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			<u> </u>	
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<u> </u>		-		
(If an effective Note: If the document) the record	date, if other than the date of filing:	te will no	t be liste	ed as th
Dated 7/3	24			
Dated	Signature of member or authorized representative of a member Dylan M Weissinger, Member	SEGLES	2024 AUG ?	
	Typed or printed name of signee	(n)	27 AH	3
	Page 3 of 3			**************************************

Filing Fee: \$25.00