Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: INCFILE.COM LLC Account Name Account Number : I20220000070 Phone : (888)462-3453

Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | EFILE1234@INCFILE.COM |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRIPLE V GROUP AND LOGISTIC L.L.C.

| Certificate of Status | 0 |
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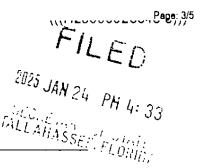
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COVER LETTER

| TO: Registration Se Division of Cor | | | | |
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| TRIPLE V | GROUP AND LOGISTIC L.L | C. | | |
| SUBJECT: | Name of Lim | 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: | | |
| | LOVETTE DOBSON | | | |
| | | Name of Person | | |
| | | Firm/Company | | |
| | 17350 STATE HWY 249 | STE 220 | | |
| | | Address | , | |
| | HOUSTON, TX 77064 | | | |
| | EFILE1234@INCFILE.CO | | | |
| For further information c | E-mail address: (oncerning this matter, please c | to be used for future annual report noti all; | dication) | |
| LOVETTE DOBSON | | 1 888-462-345 | | |
| Name o | f Person | at () Area Code Daytim | e Telephone Number | |
| Enclosed is a check for the | 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) | |
| Mailing Address: Registration Section | | Street Address: Registration Se | ction | |
| Division of C | orporations | Division of Corporations The Centre of Tallahassee | | |
| P.O. Box 632 Tallahassee, 1 | | | allanassee e Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TRIPLE V GROUP AND LOGISTIC L.L.C. (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 $\frac{02/27/2024}{1}$ and assigned Florida document number __1.24000101007 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 "LLC" or the abbreviation "L.L.C." 1333 College Parkway Unit #672 Enter new principal offices address, if applicable: Gulf Breeze, FL 32563 (Principal office address MUST BE A STREET ADDRESS) 1333 College Parkway Unit #672 Enter new mailing address, if applicable: Gulf Breeze, FL 32563 (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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

__, Florida __

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 |
|--------|------------------|
| AMRR = | Authorized Membe |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ive date, if other than the dective date is listed, the date must | date of filing: | to dute of filing or mor | (option | onal) filing) Pursuant to 605.0 |
| If the date inserted in this blo nent's effective date on the De | ock does not meet the applic | able statutory filing. | requirements, this | date will not be fisted |
| rd specifies a delayed effective iled. | date, but not an effective t | ime, at 12:01 a.m. on | the earlier of: (b) |) The 90th day after t |
| January 22nd | 2025 | | | |
| | LA | (. | | |
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| | Signature of a member or auth | orized representative of |) a member | |

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