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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : I20240000004

: (775)329-7721 : (775)376-9207

Fax Number

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

Email	Address:	 	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRIGGER WARNING 305, LLC

Certificate of Status	0
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K. SALY

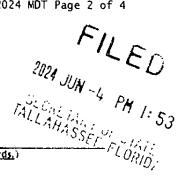
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, From Corporate Service Center Inc 1.702.507.9682 Mon Jun 3 16:28:56 2024 MDT Page 2 of 4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TRIGGER WARNING 305, 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 05/07/24 and assigned Florida document number L24000214083 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 Liebitity Company," the designation "LLC" or the abbreviation "LLC." 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: Name of New Registered Agent: New Registered Office Address: Enter Fiorida 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

If Changing Registered Agent, Signature of New Registered Agent

, Florida \_\_

, From Corporate Service Center Inc 1.702.507.9682 Mon Jun 3 16:28:56 2024 MDT Page 3 of 4

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

Title	Name	Address	Type of Action
MGR	Arturo Mould	4430 Sw 84Th Ave	Ø Add
		Miami	☐ Remove
		FL, 33155	☐ Change
MGR_	ARTULRO MOULB	4430 Sw 84Th Ave	☐ Add
		Miami	☑ Remove
		FL, 33155	☐ Change
			□ Add
			☐ Remove
			Charigo ALL: 22
			2504年 71
			July -4 Remarks  LAMAN SSEEL FL UT Change
			Ga Chanis Gari
			□ Add
			☐ Remove
			□ Change
			□ ∧dá
			☐ Remove
			□ Change

. Ham	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	The second second
	京 <b>年</b>
	P P
	<u> </u>
Note	tive date, if other than the date of filing: N/A (optional)  flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	May Zym Zozy.
	Char
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00