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## **COVER LETTER**

SUBJECT:			1 LLC
	Name of Li	mited Liability Company	
777 1 1 1 A 2 1	Articles of Amendment and fee(s) are submitted for filing.  Articles of Amendment and fee(s) are submitted for filing.  Articles of Amendment and fee(s) are submitted for filing.  All correspondence concerning this matter to the following:    DEREK HAVERKAMP		
The enclosed Article	s of Amendment and fee(s) are su	ibmitted for fitting.	
Please return all corr	espondence concerning this matte	er to the following:	
	DER	EK HAVERK	CAMP
	TRIPL	Firm/Company	es LLC
	5415	W 131 ST TE	R
	OVERLA	NO PARK K	5 46209
	HH	City/State and Zip Code	C@GMAIL.COM
	E-mail address	to be used for future annual report notification	ication)
For further informati	on concerning this matter, please	call:	
DEREK /	taverkamp	at (913) 787	-4638
Na	me of Person	Area Code Daytime	Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fo		Certified Copy	Certificate of Status & Certified Copy
Mailing Ad	ldress:	Street Address	
	<del>-</del>		ation
Division of	of Corporations		
P.O. Box	6327	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCSH INV	SIMENIS I LLC
(Name of the Limited Liab (A Flori	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on SEPTEMBER 13, 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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 Changing Registered Agent, Signature of New Registered Agent

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 Type of Action** Name **Address** HITH VENTURES, LLC 5415 N 131ST TER DANG AMBR OVERLAND PARK XRemove KS 66209 Change AMBR TRIPLE H VENTURES LLC 5415W 131 ST TER OVERLAND PARK Remove KS 66209\_\_\_\_\_Change \_\_\_\_\_ Change \_\_\_\_\_ Change \_\_\_\_\_ 🗀 Add ☐ Change \_\_\_\_\_ □ Add

\_\_\_\_\_ □Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
REMOVE HHH YENTURES LLC AND ADD TRIPLE H VENTURE
LLC.
DEREIC HAVERKAMP, A SOLE
DEREIC HAVERKAMP, A SOLE MEMBER OF TRIPLE H VENTUR
LLC. A KANSAS LLC.
Effective date, if other than the date of filing:
the record 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 cord is filed.
Dated OCTOBER 21. 2024.
Signature of a member or authorized representative of a member
DEREK HAIRER MP

Filing Fee: \$25.00