

L24000462499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

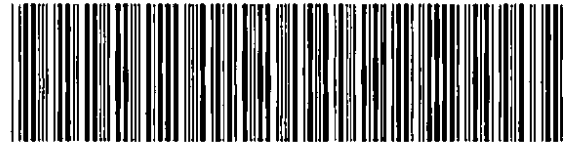
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11/18/24--01006--007 **25.00

FILED
2024 DEC 18 PM 2:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

To: **Registration Section**
Division of Corporations

SUBJECT: TRIPPLE W PROPERTY MANAGEMENT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luke K Whitehurst

Name of Person

Firm/Company

PO BOX 1971

Address

INVERNESS, FL 34450

City/State and Zip Code

whitehurstluke@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luke K Whitehurst

352 476-5578

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

TRIPPLE W PROPERTY MANAGEMENT LLC

2024 NOV 18 PM 2:01

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

STATE
CLERK OF COURT

10/31/2024

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L24000462499.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TRIPPLE W PROPERTY MANAGEMENT LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

232 N ROBIN HOOD RD INVERNESS, FLORIDA 34450

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:

The Night Bus LLC

New Registered Office Address:

232 N ROBIN HOOD RD

Enter Florida street address

INVERNESS

City

Florida 34450

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

IGR = Manager

MBR = Authorized Member

| <u>title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------------|---|--|
| IGR | L Whitehurst Enterprises LLC | 248 N Robin Hood Rd Inverness, FL 34450 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| IGR | The Night Bus LLC | PO BOX 1971 INVERNESS, FL 34450 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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[illegible]

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11/12/2024.

LUKE K WHITEHURST

Typed or printed name of signee