## L2400040252

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Dį	J. HORNE EC 16 2024

Office Use Only



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2024-NOV 18 PH 2: 1:

## **COVER LETTER**

## **Division of Corporations** TRIPLE W PROPERTIES LLC JBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease 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 476-5578 Daytime Telephone Number Name of Person Area Code inclosed is a check for the following amount: **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee. ☐ \$55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

0:

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

TRIPLE W PROPERTIES LLC

2024 NOV 18 PM 2: 14

(Name of the Lim	(A Florida Limited Lia	as it now appears on o bility Company)	ur records)
he Articles of Organization for this Limited	Liability Company w	rere filed on 10/31/20	24 and assigned
orida document number L24000462521	······································		
is amendment is submitted to amend the fo	llowing:		
If amending name, enter the new name	of the limited liabili	ty company here:	
e new name must be distinguishable and contain the	words "Limited Liability	Company." the designate	tion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	icable:	1300 HWY 41 N BLE	A Suite 7 Inverness, Florida 34450
rincipal office address MUST BE A STRE	ET ADDRESS)		
nter new mailing address, if applicable:			
<u> Iailing address MAY BE A POST OFFICI</u>	E BOX)		
If amending the registered agent and/or	registered office ad	dress on our record	s, enter the name of the new registe
ent and/or the new registered office addr	ess here:		
Name of New Registered Agent:	The Night Bus Ll	.C	
New Registered Office Address:	232 N ROBIN HO	OOD RD	
	_	Enter Florida str	eet address
	INVERNESS		, Florida 34450 Zin Code
		City	Zip Code

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

B.

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 removed from our records:

|GR = Manager | MBR = Authorized Member

itle	<u>Name</u>	Address	Type of Action
1GR	L Whitehurst Enterprises LLC	248 N Robin Hood Rd Inverness, FL 34450	□Add
		<del></del>	≣Remove
			□Change
AGR The Night Bus LLC	PO BOX 1971 INVERNESS, FL 34450		
			🗆 Remove
		□Change	
<u>.                                    </u>	<del></del>		
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
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		<del>.</del>	□ Remove
			□Change

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. Effectiv	e date, if other than the date of filing:
(If an effective Note: I	tive 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 (2) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
the record cord is file	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 d.
Dated _	11-12-2024
	Signature of a member or authorized representative of a member
	Organization of a manager of authorized representative of a themself

Typed or printed name of signee