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.

(((H25000023719 3)))



H250000237193ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : API PROCESSING Account Number : 120110020069 Phone : (954)567-0013 Fax Number : (954)567-3401

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

3.21 (1112): (

Email	Address:	kathy@apiprocessing.com	
-------	----------	-------------------------	--

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRICON DEVELOPMENT, LLC

فالمسادي المتعال التقاري والمتعارض و	
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. LEMIEUX

JAN 24 ZUZO

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H25000023719 3 Page 2 of 4

TRICON DE	VELOPMENT, LLO	3	
(Name of the Limited Liability Comp. (A Florida Limited	pany as it now appear Lisbility Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compani-	y were filed on	11/25/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company he	re:	
		·	
The new name must be distinguishable and contain the words "Limited Liai	bility Company," the d	esignation "LLC" or the	ibbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	<u>.</u>	
(Principal office address MUST BE A STREET ADDRESS)			
			ا ت
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			(5.)
			000
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter the nar</u>	ne of the new register
Name of New Registered Agent:	·		
New Registered Office Address:			
	Enter Flor	da sirect address	
		, Florida	
	Clty		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>		
I hereby accept the appointment as registered agent and agent or ovisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of provided for in C	my duties, and I am hapter 605, F.S. Or	familiar with and , if this document is
It Chi	onging Rogistered Age	ent, Signature of New R	egistered Agent

HO.423 #003

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

H25000023719 3

Page 3 of 4

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	CHAD M. BAKER	3238 BARAVALDO CIRCLE	■Add
		CAPE CORAL, FL 33909	□Remove
			□ Change
			□Add
			☐ Remove
			□ Change
		· · · · · · · · · · · · · · · · · · ·	DAdd
			□ Remove
		<u>: ' </u>	□ Change
	***************************************		□Add
			□Rcmove
			Change
	<u></u>		
			CRemove
			□ Change
			DAA□
			□Remove
			□ Change

H25000023719 3 Page 4 of 4

				
				
	<u>,</u>			· · · · · · · · · · · · · · · · · · ·
				-
				
	,	·		
		<u> </u>		
	 			
				······
-				
,	, <u>, , , , , , , , , , , , , , , , , , </u>	- 		
				
<u>le:</u> If the date inso	her than the date of filing: ed, the date must be specific and cannot reed in this block does not meet the date on the Department of State's	e applicable statutory	(option or more than 90 days after the filing requirements, this	nal) iling.) Pursuant to 605.020 date will not be listed as
cord specifies a de filed.	layed effective date, but not an eff	ective time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
Jan 21, 2	2025	·		
	Clad Faku	•		

Filing Fee: \$25.00