

L24 000 512 H56

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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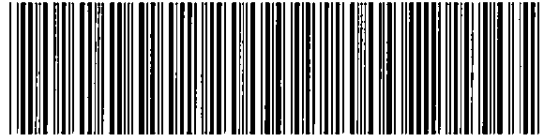
(Business Entity Name)

(Document Number)

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2024 DEC 30 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRIHON ENTERPRISES 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:

EPHREM ORSANGO

Name of Person

TRIHON ENTERPRISES LLC

Firm/Company

3415 OLUMBUS AVE

Address

JACKSONVILLE.FLORIDA.32254

City/State and Zip Code

ABINET2014@ICLOUD.COM

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

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TALLAHASSEE, FL

For further information concerning this matter, please call:

EPHREM ORSANGO

405 3283114

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**

TRIHON ENTERPRISES 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 11/10/2024 and assigned
Florida document number L24000512456.

This amendment is submitted to amend the following:

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

TRIHON ENTERPRISES 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:

(Principal office address MUST BE A STREET ADDRESS)

3415 COLUMBUS AVE

JACKSONVILLE, FLORIDA 32254

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

245 RIVERSIDE AVE SUITE 100 #027

JACKSONVILLE FLORIDA 32292

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:

3415 COLUMBUS AVE

Enter Florida street address

JACKSONVILLE

City

Florida

32254

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ABINET DEGU	3415 COLUMBUS AVE JAX. FL 32254	☒ Add
			☐ Remove
			☐ Change
AMBR	TAMRAT OSRANGO	5260 COLLINS RD #205	☒ Add
		JACKSONVILLE FLORIDA 32244	☐ Remove
			☐ Change
AMBR	EPHREM ORSANGO	1344 AKRON OAKS DR	☒ Add
		ORANGE PARK FLORIDA 32065	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

JUST TO CLARIFY WE ARE CHANGING THE PRINCIPAL ADDRESS OF THE BUSINESS TO

3415 COLUMBUS AVE JACKSONVILLE FLORIDA 32254 WITH 245 RIVERSIDE AVE SUITE 100 #027

JACKSONVILLE FLORIDA 32292 AS A MAILING ADDRESS RESPECTIVELY.

2024 DEC 30 PM 14:55
SECRETARY OF STATE
TALLAHASSEE, FL

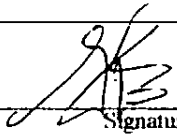
E. Effective date, if other than the date of filing: 12/19/2024 (optional)

(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.

If 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 record is filed.

Dated 12/19/ 2024



Signature of a member or authorized representative of a member

EPHREM ORSANGO

Typed or printed name of signee