

**L17000 127241**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

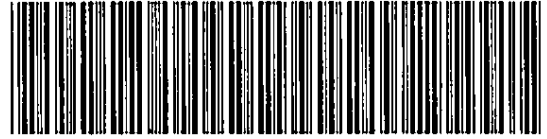
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2019 MAR 13 PM 1:29  
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● BRUCE  
MAR 13 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 14, 2019

ROBERT WERNETH  
2314 NEN 29TH TERRACE, UNIT 1  
OCALA, FL 34470

SUBJECT: TRIPLE CROWN SPORTSWEAR, LLC  
Ref. Number: L17000127241

We have received your document for TRIPLE CROWN SPORTSWEAR, LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 519A00000978

2019 FEB 13 PM 1:29  
FEB 13 2019  
CORPORATION DIVISION

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRIPLE CROWN SPORTSMAN 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:

ROBERT WERNATH  
Name of Person  
TRIPLE CROWN SPORTSMAN LLC  
Firm/Company  
234 NE 29<sup>TH</sup> TERRACE, UNIT 1  
Address  
DAWA, FL 34470  
City/State and Zip Code  
RA.WERNATH@COMAFL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT WERNATH at (352) 266-6291  
Name of Person Area Code Daytime Telephone Number

2019 MAR 13 PM 1:29

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)

FROM CHECK ALREADY CASHED  
PLEASE SEND CERT. COPY TO 2775 W 49<sup>TH</sup> AVE STE 205-315 DAWA, FL 34402

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

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Tripie Crown Sports 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 June 12, 2017 and assigned Florida document number L17000127211.

This amendment is submitted to amend the following:

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

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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

2314 NE 29<sup>th</sup> TERRACE UNIT 1  
OCALA, FL 34470

**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:

ROBERT WERNER

New Registered Office Address:

2314 NE 29<sup>th</sup> TERR

Enter Florida street address

OCALA

City

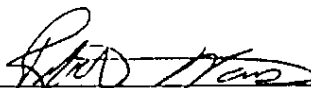
Florida

34470

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>
<u>MBR</u>	<u>ROGER D WERNETH</u>	<u>346 CR 231</u>	<input type="checkbox"/> Add
		<u>WILDWOOD, FL 34785</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>KRISTIE BELLEMORE</u>	<u>2775 NW 49<sup>TH</sup> AVE</u>	<input type="checkbox"/> Add
		<u>STE 205-315</u>	<input checked="" type="checkbox"/> Remove
		<u>DALIA, FL 34482</u>	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: 12/31/2018 (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 3/6/2019 (previously filed 12/31/2018 & CHECK WAS CLEARED 1/4/2019)

Signature of a member or authorized representative of a member

ROBERT WERNETH
Typed or printed name of signee