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S. WARREN 0CT 0 4 2017

COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT: TR	1-SPACES, U Name of Lim	C . ited Liability Company		
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
	ANTHONY	P. ROBINETTE		
		Name of Person		
	TRI-SPA	ACES, LLC.		
		Firm/Company		
	5626 C.	THOMAS RD. STE	E. 710	
-		Address		
	WILDWOOD.	Ft 34785 City/State and Zip Code		
-	FORGUTTENTIZ	City/State and Zip Code ADL @ GIVA (C. LEY to be used for future annual re		
For further information conc			port northeatton,	
ANIHUMY P.		at (352)	263-7576	^ウ
Name of Pe	rson	Area Code	Daytime Telephone N	umber
Enclosed is a check for the fo	ollowing amount:			
□ \$25.00 Filing Fee 【	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Ce (sed) Ce	.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)

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

(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 7/26/2017 and assigned Florida document number 1/1000/59591 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TRISPACES, U.C.* The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) . Enter new 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: New Registered Office Address: Soll C: THOMAS DO SUITE TO Enter Plorida street address WILDW DOD Florida The Conde	TRI-S	PACES,	LLC.				
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TRI SPACES, UC.' 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) 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: SOUL C: THOMAS ED. SUITE 71D Enter Florida street address WILDWOOD. Florida Zip Code	(Name of the Limite	d Liability Comp A Florida Limited	oany as it now appear Liability Company)	s on our r	ecord <u>s.</u>)		
A. If amending name, enter the new name of the limited liability company here: TRISPACES, UC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: Stolle C: Thomas PD. Suite Tide Enter Florida street address WILDWOOD Florida Zip Code			y were filed on	7/2	6/2017	and assigned	
TRISPACES, UC. 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) 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: SOUL C: THOWAS RD. SUITE 71D Enter Florida street address WILDWOOD Tipy Zip Code	This amendment is submitted to amend the follow	wing:					
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: SOUL C: THOMAS RD. SUITE TID Enter Florida street address WILDWOOD			bility company he	<u>re</u> :			
(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: New Registered Office Address: SOLO C: THOMAS RD. SUITE 710 Enter Florida street address WILDWOOD Florida Typ Code	The new name must be distinguishable and contain the wo	ords "Limited Lial	pility Company," the de	esignation	"LLC" or the ab	breviation "L.L.C."	
Name of New Registered Agent: New Registered Office Address: Sold C: Thomas RD. Suite 710	(Principal office address MUST BE A STREET . Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>TADDRESS)</u> BOX)	office address on	OHT FE	cords, enter	the name of th	
New Registered Office Address: S626 C: THOWAS RD. SUITE 710 Enter Florida street address WILDWUMD Florida City Zip Code	registered agent and/or the new registered off	•		our re	corus, <u>enter</u>	the name of th	<u>e new</u>
Enter Florida street address WILDWUM , Florida Zip Code		5626	C: Thomas	ØD	CHITE	nin	
City Zip Code	New Registered Office Address:					· <u>—</u>	_
·		WILDL			_, Florida	Zip Code	
	New Registered Agent's Signature, if changing R	egistered Agen	•				

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>	Address	Type of Action
mar	ANTHONY P ROBIN	ETTE	₫ Add
	Z	 	□ Remove
			Change
			🗖 Add
			☐ Remove
			Change
-			Add
			□ Remove
			Change
			Add
			Remove
			Change
			Remove
			17 (Qange
			FILED -Id Pr ASSEE, F
			Remove

If amending any other information, enter change(s) here: (A		
		
		
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to dat Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	(optional) e of filing or more than 90 days after filing.) Purs statutory filing requirements, this date wilf	suant to 605.0207 not be listed as
ne record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on t	he earlier of
Dated 9/28/17	·	, -
A. An		17 00
Signature of a member or authorized	representative of a member	
ANTHONY P.ROB	WENTE	
Typed or printed nan		

Page 3 of 3

Filing Fee: \$25.00