L0200009846

Office Use Only



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SEORCTARY OF SWIE.

C. LEWIS NOV 2 6 2012 EXAMINER

COVER LETTER

TO:		Registration section
	•	Division of Corporations

555 Triton, 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:

Ben E. Price

Name of Person

555 Triton, LLC

Firm/Company

7519 Pennsylvania Ave., Suite 102

Sarasota, Florida 34243

City/State and Zip Code

tammy@35bp.com

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

For further information concerning this matter, please call:

Tammy Dillon

at (941)355-9500
Area Code & Daytime Telephone Number

Name of Person

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)

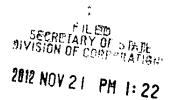
MAILING ADDRESS:

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

STREET/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 Liab (A Flori	555 Triton, LLC ility Company as it now appears on ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number L0200009866	ty Company were filed on April 22	2, 2002 and assigned
This amendment is submitted to amend the following	ā:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		2 - 1 - 1 - 1 - 1
	Enter F	lorida street address
	Citv	, Florida

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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Member	Barbara J. Price	7519 Pennsylvania Avenue, Suite 102	✓Add
		Sarasota, Florida 34243	Remove
			Add
			Add NVISEDN OF CO
			Add Remove
			Add
			Add

If amending any other inform	nation, enter change(s) here: (Attach additional she	ets. if necessary. J.ECRETARY OF STAIL DIVISION OF CORPARATI
		2012 NOV 21 PM 1:
October 17,	2012 AM:	
Si	ignature of a member or authorized representative of a member E. Price	ember
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00