

LOS 000034793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

2008 JUL 17 PM 1:04

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T. CLINE

JUL 21 2008

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRI LEVEL INTEGRATED FIRE PROTECTION SYSTEMS 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:

CRAIG EVANS  
(Name of Person)

TRI LEVEL INTEGRATED FIRE PROTECTION SYSTEMS LLC  
(Firm/Company)

4650 NE INDIAN RIVER DR.  
(Address)

JENSEN BEACH FLA 34957  
(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLOTTE EVANS at (772) 232-0240  
(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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JUL 17 PM 1:04

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

TRI LEVEL INTEGRATED FIRE PROTECTION SYSTEMS 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 4/11/2005 and assigned  
Florida document number L05000034793 FEI # 202659822

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 end with 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)

4650 NE INDIAN RIVER DR  
TENSEN BEACH FLA 34957  
JUL 7 PM 1:04  
FILED  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF PALM BEACH  
FLORIDA

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: \_\_\_\_\_

4650 NE INDIAN RIVER DR.  
(Enter Florida street address)  
TENSEN BEACH Florida 34957  
(City) (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 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 Changing Registered Agent, Signature of New Registered Agent)

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

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRESIDENT	CHARLOTTE EVANS	4650 NE INDIAN RIVER DR JENSEN BEACH FLA 34957	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

CHARLOTTE EVANS NOW OWNS 51%  
OF THE COMPANY TRI LEVEL INTEGRATED  
FIRE PROTECTION SYSTEMS LLC

Dated

7/1/2008

Signature of a member or authorized representative of a member

CRAIG J. EVANS

Typed or printed name of signee