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10 AUG 19 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Collins AUG 20 2010

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TRIPLE T, LC  
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:

Matthew Towell

Name of Person

Triple T, L.C.

Firm/Company

1683 Beardall Ave.

Address

Sanford, Florida

City/State and Zip Code

mtowell@mobilespecialtiesinc.com

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

For further information concerning this matter, please call:

Matthew Towell

Name of Person

at ( 407 )

221-0513

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

FILED

10 AUG 19 AM 11:56

SECRETARY OF STATE  
FLORIDA

Triple T. L.C.  
(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 \_\_\_\_\_ and assigned  
Florida document number \_\_\_\_\_.

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)

1683 Beardall Ave Suite 101  
Sanford, FL  
32771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

**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:

1683 Beardall Ave Suite 101  
Enter Florida street address

Sanford, Florida 32771  
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>
<u>MGR</u>	<u>Cory Beaman</u>	<u>1683 Beardsell Ave Suite 101</u> <u>Sanford, FL</u> <u>32771</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Travis Towell</u>	<u>1683 Beardsell Ave. Suite 101</u> <u>Sanford, FL</u> <u>32771</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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10 AUG 19 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Dated August 13th, 2010.

[Signature]

Signature of a member or authorized representative of a member

Matthew Towell

Typed or printed name of signee