L06000107702

(Requestor's Name)					
(Ad	ldress)				
(Ad	idress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



900236764989

06/29/12--01020--020 **60.00

ZOIZ JUN 29 AMIII: 18
SEGRETARY OF STATE
AND ASSESSED ASSESSED AND ASSESSED ASSESSED AND ASSESSED ASSESSED AND ASSESSED ASSESSED AND ASSESSED ASSESS

J. BRYAN

JUL -3 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE		
	(a) Garantee Name of Limited Liability Company	
	THE REST OFFICE AND A CONTROL OF THE PROPERTY OF THE SECRETARY OF THE PROPERTY	and market and seeds
The en	closed Articles of Amendment and fee(s) are submitted for filing.	7 S
Please	return all correspondence concerning this matter to the following:	7. I
	Marc Devisse Name of Person	JUN 29 AM
	Tri-Town Construction, LLC	AMII: 18
	17400 Delaware Rd	_
	Fort Myers, FL 33967 City/State and Zip Code	_
	office Office Townconstruction. Com E-mail address: (to be used for future annual report notification)	<u>. </u>
For fur	ther information concerning this matter, please call:	
<u> </u>	Name of Person at (239) 895 - 2058 Area Code & Daytime Telephone Num	iber
Enclose	ed is a check for the following amount:	
\$25	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, ficate of Status & fied Copy tional 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

Tritown Cons	truction	LLC.	SSECTION OF THE PARTY OF THE PA
(<u>Name of the Limited</u> (A	Liability Compar Florida Limited L	y as it now appears on our record lability Company)	STATE 18
The Articles of Organization for this Limited Li	iability Company	were filed on	and assigned
Florida document number LO 6000 10	17702.	,	
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liabi	lity company here:	
The new name must be distinguishable and end wit "L.L.C."		L. L. C. ted Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applic	able:	(same)	
(Principal office address MUST BE A STREE	T ADDRESS)	17400 Delawar	e Rd
		Fort Myers, F	-L 33967
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or the new registered of			nter the name of the new
Name of New Registered Agent:	some		
New Registered Office Address:			
		Enter Florida stre	et address
		, Flori	da
	···	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 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:

	= Manager M = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	Same		Add
			7012 SE
		\frac{1}{2}	Gedd dd mov
		- · · · · · · · · · · · · · · · · · · ·	
			Refine
			₹
			Add Remove
			∏Add
			Remove
			Add
			Remove
D. If a	mending any other information, enter change	ge(s) here: (Attach additional sheets, if necessary	r.)
	hyplen which it	should have had	
	from the start.		
Dated_	6/22 , 201	^	
Dated _		 	
	` _	r or authorized representative of a member	
	<u>Marc</u> Devisse Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00