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STORETABLY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

MAY - 7 2010

EXAMINER

COVER LETTER

	n of Corporations				
SUBJECT:	Т	RI S, LLC.			
	Name of Lin	nited Liability Company			
The enclosed Ar	ticles of Amendment and fee(s) are su	ubmitted for filing.			
	correspondence concerning this matter				
		•			
	,	SAMIR SOLIMAN			
	Name of Person				
	SHELL EXPRESS Firm/Company				
	2	Address			
		ODI ANDO EL 22000			
	<u> </u>	ORLANDO FL 32809 City/State and Zip Code			
	Sa E-mail address:	msamirsol@yahoo.com (to be used for future annual report notification)			
For further infor	mation concerning this matter, please				
	SAMIR SOLIMAN	at (419) 320-6849			
<u></u>	Name of Person	at (419) 320-6849 Area Code & Daytime Telephone Number			
Enclosed is a ch	eck for the following amount:				
\$25.00 Filing	g Fee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	MAILING ADDRESS:	STREET/COURIER ADDRESS:			
	Registration Section Division of Corporations P.O. Box 6327	Registration Section Division of Corporations Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRI S,	LLC.			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	05/07/07	and ass	signed
Florida document numberL07000047930				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here	:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compan	y," the designation "L	LC" or the	abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			<u></u>	¥ <u>S</u>
	**************************************			<u> </u>
			70	
Enter new mailing address, if applicable:		<u> </u>		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		······································	P	**************************************
			,	<u>AZ</u>
			, (CO)	愛們
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on ou <u>e</u> :	ır records, <u>enter t</u> l	<u>ie name o</u>	of the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City		Zip Code	e
New Registered Agent's Signature, if changing Registered Agent:	1			
I hereby accept the appointment as registered agent and agr	ee to act in this ca	pacity. I further agr	ee to comp	oly with

Vann bline.

If Changing Registered Agent, Signature of New Registered Agent

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	
MGR	SAMEH SOLIMAN	<u> </u>	3813 DOUBLE EAGLE CT #3224 ORLANDO FL 32839	Add Remove	
MGR	FADY SOLIMAN		3813 DOUBLE EAGLE CT #3224 ORLANDO FL 32839	Add Remove	
<u> MGR</u>	NAHED SOL	MAN	3813 DOUBLE EAGLE (7 #322) ORIANDO FI 32839	Y X Add Remove	
				Add Remove	
				Add Remove	
	-			Add Remove	
D. If amen	nding any other informatio	on, enter change(s	s) here: (Attach additional sheets, if necessary.)	<u> </u>	
	SAMIR	SOLIMAN	50	401 1018 N	
	FADY	SOLIMAN	. 25	APR -	
_	NAHED	SOLIMAN	25	ARY OF SI	
				SHOULD AND AND AND AND AND AND AND AND AND AN	
Dated	5/1	, 2010	<u>) </u>	A.	
	Sami				
		Signature of a member or authorized representative of a member			
	Samir		printed name of signee		

Page 2 of 2

Filing Fee: \$25.00