

08000011317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

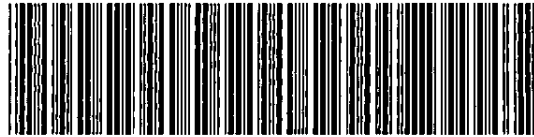
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

G. MCLEOD

OCT 20 2009

EXAMINER



200160796082

10/07/09--01012--029 **61.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 OCT 19 PM 4:04

707

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tri-Life Training L.L.C.
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:

Patricia Jungueira
Name of Person
Tri-Life Training, LLC
Firm/Company
14201 Bruce B Downs Blvd.
Address
Tampa, FL ~~33624~~ 33613
City/State and Zip Code
trilifetraining@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Jungueira at (813) 431-7054
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount: - Already paid see attached letter

- ☐ \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 OCT 19 PM 4:04

Tri-Life Training 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 Jan. 31, 2008 and assigned
Florida document number L08000011317

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)

14201 Bruce B. Downs Blvd.
Suite 2
Tampa FL 33613

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14201 Bruce B. Downs Blvd.
Suite 2
Tampa FL 33613

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:

Patricia Jungueira

New Registered Office Address:

14201 Bruce B. Downs Blvd. Suite 2
Enter Florida street address

Tampa, Florida 33613
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.

Patricia Jungueira
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>
MGRM	Susannah Robinson	6412 MacLaurin Dr. Tampa, FL 33647	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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.)

Dated 10/14, 2009

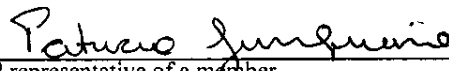


Signature of a member or authorized representative of a member

Susannah Robinson

Typed or printed name of signee

mgrm being removed



PATRICIA JUNAQUERA