

608000051414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

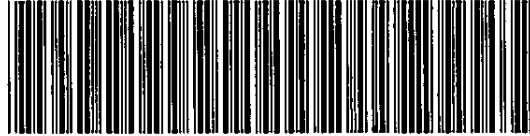
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100287429131

07/05/16--01023--012 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUL -5 P 5:03

FILED

JUN 06 2016
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRITON MANAGEMENT, 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:

CASSANDRA M. BROWNING-NETTLES

Name of Person

TRITON MANAGEMENT, LLC

Firm/Company

611 N. SUMMIT STREET

Address

CRESCENT CITY, FL 32112

City/State and Zip Code

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

For further information concerning this matter, please call:

MAUREEN COOPER

Name of Person

386

at ()

Area Code

698-2100

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

2016 JUL -5 P 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TRITON MANAGEMENT, 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 05/22/2008 and assigned
Florida document number L08000051414.

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 contain 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)

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:	CASSANDRA M. BROWNING-NETTLES
New Registered Office Address:	611 N. SUMMIT STREET
	<i>Enter Florida street address</i>
	CRESCENT CITY, Florida
	City
	32112
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BARBARA M. SCHOLL	611 N. SUMMIT STREET	<input type="checkbox"/> Add
		CRESCENT CITY, FL 32112	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	CASSANDRA M. BROWNING-N	611 N. SUMMIT STREET	<input checked="" type="checkbox"/> Add
		CRESCENT CITY, FL 32112	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2008 JUL 5 5:09 PM
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top left corner, there is some faint, illegible handwriting or a stamp. The rest of the page is blank except for the lines.

Pursuant to 605-020
 date will not be listed as
 on the earlier o

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Cassandra M. Brown-Nettel
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

CASSANDRA M. BROWNING-NETTLES

Typed or printed name of signee