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(Requestor's Name) (Address) (Address)	700135520657		
(City/State/Zip/Phone #)	09/15/0801016016 **25.00		
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	OVVISION OF CORFORATIONS 08 SEP 15 PM 3: 19		
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COVER LETTER

TO:	Registration Section	1	
	Division of Corporations		
SUBJE	TRIPPLE	H/NOUSTRIES 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:

(Name of Person) (Firm/Company (Address) (City/State and Zip Code)

For further information concerning this matter, please call:

(Area Code & Daytime Telephone Number) (Name of Person)

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

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, . ARTICLES OF A		DIVISION OF CORPORATION
ARTICLES OF O		08:SEP 15 PM 3: 19
IRIPPLE H INDUST (Name of the Limited Liability Compar (A Florida Limited L	A LLC. A as it now appears on our re- ability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L08000059550</u> .	were filed on <u>06/17/2</u>	008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	<u>lity company here</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ed Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		······································
(Principal office address MUST BE A STREET ADDRESS)	N/A	•
Enter new mailing address, if applicable:	h	
(Mailing address MAY BE A POST OFFICE BOX)	NIA	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida	a street address)
		lorida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I f	urther agree to comply with

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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

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MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action
		N/A	Add Remove
			Add Remove
D. If amendin	Add i ANY and	s) here: (Attach additional sheets, if necessary.) Ing AiA DUCT All LAWFU BUSING	- - 20
	/ IREIUR	r authorized representative of a member HARLS r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00