

LOG000078134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

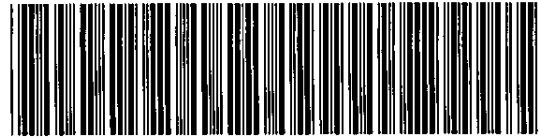
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900136032889

09/19/08--01014--002 **60.00

RECEIVED

08 SEP 19 AM 10: 00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 SEP 19 AM 10: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

SEP 19 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRICAPITAL BULDTTECH LLC
(Name of Limited Liability Company)

FILED
08 SEP 19 AM 10:05
TALLAHASSEE, FLORIDA
STATE

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEEVAN UPPAL
(Name of Person)

TRICAPITAL BULDTTECH LLC
(Firm/Company)

1400 BLUE POINT AVE #102
(Address)

NAPLES, FL 34102
(City/State and Zip Code)

For further information concerning this matter, please call:

JEEVAN UPPAL at (734) 883-3339
(Name of Person) (Area Code & 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
08 SEP 19 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRICAPITAL BUILDTECH 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 AUG 14/08 and assigned Florida document number L08000078134

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)

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:

JEEVAN UPPAL

New Registered Office Address:

1400 BLUE POINT AVE #102

(Enter Florida street address)

NAPLES

(City)

Florida

34102

(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 Changing Registered Agent, Signature of New Registered Agent)

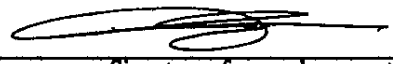
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	JEEVAN UPPAL	1400 BLUE POINT AVE UNIT # 102 NAPLES, FL 34102	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ANNE UPPAL		<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 SEP 18, 2008.



 Signature of a member or authorized representative of a member
JEEVAN UPPAL

 Typed or printed name of signee