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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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M. THOMAS

JAN 2 7 2009

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Triple F	R Ventures, LLC		•
		ited Liability Company)	_
The enclosed Articles of	Amendment and fee(s) are sub	amitted for filing	
Please return all correspon	ndence concerning this matter	to the following:	
	Patricia Ricke		
		(Name of Person)	
	Triple R Ventures, LLC		•
		(Firm/Company)	
	7903 Colley Rd		09 JAN 26 AH H: 23 SECRETARISHER FLORIDI
		(Address)	高 美 士
	Odessa, FL 33556		FS 26
	<u> </u>	(City/State and Zip Code)	26 AHH: 2
			H.031
For further information co	oncerning this matter, please c	all:	最高
Patricia Ricke		at (813) 299-0170	,
(Name o	of Person)	(Area Code & Daytime T	elephone Number)
•			
Enclosed is a check for th	e 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

Triple R Ventures, LLC	Lighility Compa	ny as it now appears on our	records)			
(A	Florida Limited L	Liability Company)	recorus.			
The Articles of Organization for this Limited Li	iability Company	were filed on September 1	1, 2008	and as	signed	
Florida document number L08000083804	·					
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company here:		4		
(no change)						
The new name must be distinguishable and end with 'L.L.C."	th the words "Limi	ted Liability Company," the o	designation	"LLC" or the	abbreviatio	n
Enter new principal offices address, if applic	able:	7903 Colley Rd		SECH SECH	سب چور پورن	~ ~1,
Principal office address MUST BE A STREE	T ADDRESS)	Odessa, FL 33556		多军	26 F	
				FIG	i i	Ţ.,.
				FLO	in the	
Enter new mailing address, if applicable:	7903 Colley Rd		哥哥	2		
Mailing address MAY BE A POST OFFICE BOX)		Odessa, FL 33556	-			
B. If amending the registered agent and/ registered agent and/or the new registered of			rds, <u>enter</u>	the name	of the ne	<u>w</u>
Name of New Registered Agent:	Patricia Ricke	·				
New Registered Office Address:	7903 Colley R	Rd				
		(Enter Flor	ida street a	nddress)		
	Odessa		, Florida _	33556		
	·- · · · · · · · · · · · · · · · · · ·	(City)	-	(Zip Co	de)	

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.

Changing Registered Agent, Signature of New Registered Agent

If am Ading 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 = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Patrick Rey	6913 Sheldon Rd Tampa, FL 33615	Add Remove
MGRM_	Sandra Rey	6913 Sheldon Rd Tampa, FL 33615	Add Remove
MGMR	Steven Rey	6913 Sheldon Rd Tampa, FL 33615	Add Remove
MGMR_	Gina Rey	6913 Sheldon Rd Tampa, FL 33615	ABB Remove
			Remove 11: 23
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessa	Add Remove
<u>M</u>	anaging Members are:	odified by removing the above listed names. The rer	maining
	atricia Ricke 7903 Colley Rd, Odes		
Dated Janu	Jary 20,	2009 Réka	
	Signature of a r	member or authorized representative of a member	.
	Patricia Ricke	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00