090000021376

(Requestor's Name)
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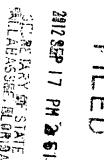
EXAMINER

Office Use Only



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COVER LETTER

TO: Registration S Division of Co							
SUBJECT:	TRIPACEI	R LEASING, LLC					
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
	油128						
		77					
	- SS - 1 - F	page 1544					
		-					
	2012 SEP 17 PH 2 STATE						
		City/State and Zip Code					
	E-mail address: (i	to be used for future annual rep	ort notification)				
For further information	concerning this matter, please c	all:					
	tonald Hume	at (954_)	347-2032				
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 & S60.00 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		STREET/C Registration	COURIER ADDRESS:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TF	RIPACER LE	EASING, LLC	,			
(Name of the Limited (A	Liability Compa Florida Limited L	ny as it now appea Liability Company)	rs on our records.)			
The Articles of Organization for this Limited L	were filed on	03/04/2009	and assigned			
Florida document number L0900002	1376					
This amendment is submitted to amend the foll	owing:		·			
A. If amending name, enter the new name o	f the limited liab	ility company he	<u>re</u> :			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Comp	any," the designation	"LLC" or the abl	reviation	
D.L.C.				2812		
Enter new principal offices address, if applic	4910 NW 65th Ave		2000年	ना ।		
(Principal office address MUST BE A STREE	<u>(TADDRESS)</u>	Lauderhill, F	L 33319	<u> </u>		
				Sg 7		
		•		On R	111	
Enter new mailing address, if applicable:	4910 NW 65th Ave			O		
(Mailing address MAY BE A POST OFFICE BOX)		Lauderhill, F	L 33319			
•						
B. If amending the registered agent and/	an magistared of	Tas adduses an	our records ontor	the name of	tha nam	
registered agent and/or the new registered o			our records, enter	the name of	the new	
Name of New Registered Agent:	Hume, Ronald A					
New Registered Office Address:	4910 NW 6				···	
	Enter Florida street address					
		Lauderhill	, Florida	33319		
		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.

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 Title <u>Name</u> Type of Action <u>Address</u> **MGR** Hume, Ronald A 4910 NW 65th Ave ✓ Add Lauderhill, FL 33319 Remove ☐ Add Remove Add ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00