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COVER LETTER

TO: Registration Section , Division of Corporations
SUBJECT: TRI-PRODUCTS TWERNATIONAL "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:
Chanles C. Ramus Name of Person
TRI- PRODUCTS FUTERNATIONAL LLC
15834 DAWSON Ridge Dr.
Taupa, FL 33647
City/State and Zip Code Ramus i6 dvekizon. NeT E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mirchelle A. Kamus at (813) 426-6291 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} \\ (additional copy is enclosed)\$\$ Certified Copy \\ (additional copy is enclosed)\$\$ 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

	HERNATIONAL	"LLC"		
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on outed Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Compa		3-2010	and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	Leasing	- "LLC	4	0.0
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation	on "LLC" or the at	obreviation "L.L.	C, T
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	2			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			7. 5	
			N N	- 3 L
B. If amending the registered agent and/or registered registered agent and/or the new registered office address !		records, <u>enter</u>	the name of	the-new
	···		平37	42 cm.
Name of New Registered Agent:				1)
New Registered Office Address:				
	Enter Florida stree	et address		
		, Florida		
	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 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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MUL	Chances C. Ramus	15834 DANSON Ridge DA. TAMPA, FL 33647	<u> </u>
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ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filir te: If the date inserted in this block does not meet the applicable statutor	ng or more than 90 days after filing.) Pursuant to 60 ry filing requirements, this date will not be lis	is.uz
ument's effective date on the Department of State's records.	2 ····· 6 · 4··· · · · · · · · · · · · ·	
record specifies a delayed effective date, but not an effect	tive time, at 12:01 a.m. on the earl	ier
he 90th day after the record is filed.	·	
_		
ed October 26, 2015		
1//0/.		
Millelle A. A. Signature of a member or authorized represe		

Page 3 of 3

Filing Fee: \$25.00