



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2016

GLEE A TRIPLETT
981 FAIRFIELD DRIVE
MARIETTA, GA 30068

SUBJECT: TRIPLETT FAMILY LLC
Ref. Number: L10000062653

We have received your document for TRIPLETT FAMILY LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 716A00014613

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 22 PM 1:40

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TRIPLETT FAMILY 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 06/11/2010 and assigned
Florida document number L10000062653.

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 contain 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:

New Registered Office Address:

Enter Florida street 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

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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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	WILSON, MERRY LYNNE	2630-B NW 41ST STREET	<input type="checkbox"/> Add
		GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ALLEN, KATHERINE D	2630-B 41ST STREET	<input type="checkbox"/> Add
		GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GRIFFIN, KAREN E	10047 SW 91ST AVENUE	<input type="checkbox"/> Add
		GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	SEGALL, JOY T	179 LONG LAKE ROAD	<input type="checkbox"/> Add
		HAWTHORNE, FL 32640	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	SEGALL, JOY T, TRUSTEE	179 LONG LAKE ROAD	<input checked="" type="checkbox"/> Add
		HAWTHORNE, FL 32640	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	SEGALL, RICHARD, TRUSTEE	179 LONG LAKE ROAD	<input checked="" type="checkbox"/> Add
		HAWTHORNE, FL 32640	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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10 JUL 22 PM 1:40

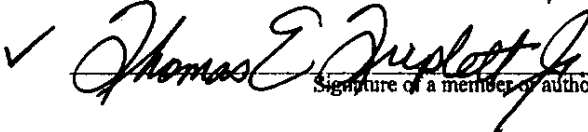
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

✓ Dated JULY 6, 2016

✓  Signature of a member or authorized representative of a member

THOMAS E TRIPLETT, JR.

Typed or printed name of signee