

(Re	equestor's Name)	
(Ad	ldress)	
		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	∋#)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		U. 100

Office Use Only



700285481817

, 07/22/16--01020--001 **25.00 j

2016 JUL 11 PH 1:20

TALLAHASSKET LUTTO

JUL 2 2 2016 S. YOUNG

le ola

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

TALLAHASSEE FLORIUS

COVER LETTER

ction porations	·		
FAMILY LLC			
Name of Limi	ted Liability Company		
·	-		
GLEE A TRIPLETT			
	Name of Person		
	Firm/Company	3.0.1.2.3	
981 FAIRFIELD DR			
	Address	·····	5 ALL
MARIETTA, GA 30068			世野
gatriplett@gmail.com	City/State and Zip Code		SECRETARY E. FLORIUA TALLAHASSEE, FLORIUA 16 JUL 22 PM 1: 40
		t notification)	FLOR
oncerning this matter, please ca	404 932-133	6	10
Person		sytime Telephone Number	
e following amount:			
□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en	tus &
	Porations FAMILY LLC Name of Limitation of	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: GLEE A TRIPLETT Name of Person Firm/Company 981 FAIRFIELD DR Address MARIETTA, GA 30068 City/State and Zip Code gatriplett@gmail.com E-mail address: (to be used for future annual report oncerning this matter, please call: 1 Person 1 Person 1 S30.00 Filing Fee & Certificate of Status City/State and Zip Code 1 S55.00 Filing Fee & Certified Copy	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. GLEE A TRIPLETT Name of Person Firm/Company 981 FAIRFIELD DR Address MARIETTA, GA 30068 City/State and Zip Code gatriplett@gmail.com E-mail address: (to be used for future annual report notification) Oncerning this matter, please call: GPerson at (404 932-1336 Area Code Daytime Telephone Number) the following amount: GRESS GETIFICATION STATES Certificate of States Certificate of States Certificat Copy (additional copy is enclosed) Certificat Copy Certificat Copy

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

TRIPLETT FAMILY LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L10000062653</u>	ility Company were filed on 06/11/2010	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
		16 LEC
Enter new mailing address, if applicable:		23
(Mailing address MAY BE A POST OFFICE BO)X)	P (1)
111111111111111111111111111111111111111	<u> </u>	V

B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, <u>ente</u> e <u>address here</u> :	'انت سخ
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
•	City , Florida _	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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	WILSON, MERRY LYNNE	2630-B NW 41ST STREET	☐ Add
		GAINESVILLE, FL 32606	■ Remove
			☐ Change
MGRM	ALLEN, KATHERINE D	2630-B 41ST STREET	
		GAINESVILLE, FL 32606	■ Remove
			Change ALC
AMBR	GRIFFIN, KAREN E	10047 SW 91ST AVENUE	CRETT
		GAINESVILLE, FL 32608	22 Remove
			Change to Change
MGRM	SEGALL, JOY T	179 LONG LAKE ROAD	
		HAWTHORNE, FL 32640	■ Remove
			Change
MGRM	SEGALL, JOY T, TRUSTEE	179 LONG LAKE ROAD	□ Add
		HAWTHORNE, FL 32640	□ Remove
			☐ Change
MGRM	SEGALL, RICHARD, TRUSTEE	179 LONG LAKE ROAD	■ Add
		HAWTHORNE, FL 32640	Remove
			□ Change

		1
	<u>J</u>	
	2	
	JUL 22 PM 1: 40	
	•••	
	***************************************)
ective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of filing or i	more than 90 days after filing.) Pursuant to 605.0)20
te: If the date inserted in this block does not meet the applicable statutory filicument's effective date on the Department of State's records.	ng requirements, this date will not be listed	l a
record specifies a delayed effective date, but not an effective	time at 12:01 a m on the earlie	ro
The 90th day after the record is filed.	arria, at 12.701 arrivers arrivers	
_		
ted JULY 6, 2016.		
10160		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00