## Florida Department of State

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRISERA LLC

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**EXAMINER** 

## COVER LETTER

Division of Co			
SUBJECT: TRISER	RALLO		
	(Name of Lin	nited Liability Company)	444-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Kithada Babasah		TALLAH TALLAH
	Katherine DePanghe		
		(Name of Person)	UL 29 AAHASSEE
	Legalzoom.com, Inc	i.	
		(Firm/Company)	
		·	9
	7083 Hollywood Blv	d., Sulte 180	
		(Address)	3 **
	Los Angeles, CA 9	0028	
		(City/State and Zip Code).	
		· ·•	
For further information	concerning this matter; please	oall:	
			· .
Katherine DePang	iher	at (323 ) 962-8600	••
	of Person)	(Area Code & Daytime	Felephone Number)
Enclosed is a check fort	the following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassoe, 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

			SSF
TRISERA LLC (Name of the Limited Liability Core (A Florida Limite	pany as it now appea	rs on our records.)	一点
(A Florida Limito	ed Liability Company)		729 9
The Articles of Organization for this Limited Liability Compa	any were filed on <u>07</u>	//14/2010	and assigned
Florida document number <u>L10000074155</u>			32°
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited !	iability company he	erei:	
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Comp	mny," the designation	"LLC" or the abbreviation
B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:		our records, enter	the name of the new
New Registered Office Address:			<del></del>
	(1	Enter Florida street o	ddress)
·		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered Age	ent:	₹•	
I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and co accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of	implete performance as provided for in (	e of my chities, and Chapter 608, F.S. O	l am familiar with and r, if this document is

(If Changing Registered Agent, Signature of New Registered Agent)

company has been notified in writing of this change.

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 = M MGRM =	anager Managing Member		
Title	Name	Address	Type of Action
<del></del>			Add
			Add
			799
			Addi
			29
		-	Add Add Repove
			50
		wastaning the state of the stat	AddRemove
	And the state of t		Add Remove
	•	nge(s) here: (Attach additional sheets, if neco	
	0519 Via Milano Ct., Clermont Flo		
<u>A</u>	rticls V: The addresses of the members Joh	n A. S Van Horn, Paul Mungall, and Hugh Scraft	on shall be:
<u>1</u>	0519 Via Milano Ct., Clermont Flo	orida 34711	
<del></del>			
Dated July	/ 23 , 20:	10	
	John A.S Val		
	John A.S. Van Horn	per or authorized representative of a member	
	Тур	ed or printed name of signee  Page 2 of 2	
		Luke v or v	

Filing Fee: \$25.00