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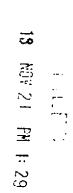
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PICK-UP	(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) entified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL
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COVER LETTER

Division of Corporations		
SUBJECT: Triple M De Name of Limite	relapment LL ed Liability Company	<u></u>
The enclosed Articles of Amendment and fee(s) are subm	itted for filing.	
Please return all correspondence concerning this matter to	the following:	
JAM	Name of Person	
	Development La Firm/Company	
<u> 5150 i</u>	N APOPKA Vinela	nd Pd,
	City/State and Zip Code	
E-mail address: (to	m no vel an ont E be used for future annual report notification	GMail, Con
For further information concerning this matter, please call		
James H Malone Name of Person	at (321) 947-3 Area Code Daytime Tele	5690 ephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compan	y were filed on <u>Au</u>	ost 10 2010 and assigned
Florida document number <u>17 10000179.307</u> .	<u>-</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
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 "L.L.C." Conter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Conter new mailing address, if applicable:		
		- :
		P
Enter new mailing address, if applicable:		7:
Mailing address MAY BE A POST OFFICE BOX)		
Name of New Registered Agent:	<u>ere</u> :	
New Registered Office Address.	registered office address on our records, enter the name enaddress here: Enter Florida street address Florida	treet address
		. Florida
	City	Zip Code
w Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
ereby accept the appointment as registered agent and agoinsions of all statutes relative to the proper and complete the obligations of my position as registered agent as ng filed to merely reflect a change in the registered officingany has been notified in writing of this change.	te performance of my s provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this document is

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
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n effective date is listed, the oter. If the date inserted in	iate must be specific and	cannot be prior t		nore than 90 days	after filing.) Pursuant to 6	
cument's effective date of			,			
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record specifies a de The 90th day after th			an effective	time, at 12:0)1 a.m. on the ear	riier
ted <u>NOVEMBE</u>	<u> </u>	. <u>2018</u>	<u> </u>			
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Filing Fee: \$25.00