## 110000131033

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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SECRETARY OF SIATE

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## **COVER LETTER**

TO:				
CHD IE				
SUBJEC	-II		ited Liability Company	· ·
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
	Division of Corporations  Triangle House LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  ease return all correspondence concerning this matter to the following:    Jordan Applewhite			
			Name of Person	
			Firm/Company	
		3443 6th Ave N		
			Address	
		St Petersburg, FL 33713		
				cation)
For furth	ner information co		•	
Jordan A	•		at (	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	e following amount:		
\$25.	00 Filing Fee		Certified Copy	Certificate of Status &

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

Triangle House LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.  Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000131033</u> .	were filed on 12/27/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	<del>,, ,,</del>	***************************************
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the new
Name of New Registered Agent:		<u> 56 7 </u>
New Registered Office Address:		₹ 2 · · · · · · · · · · · · · · · · · ·
	Enter Florida street address , Florida	
New Registered Agent's Signature, if changing Registered Agent:		S Zip Galle Till
I hereby accept the appointment as registered agent and agroup provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I and	familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Victoria Fitzgerald	16041 Flight Path Dr	
V Creaty-	listed as MGRM,	Brooksville, FL 34604	□ Remove
Need 5	Currently listed as MGRM, needs to be MGR		€ Change
			Add
			☐ Remove
			□ Change
			Add
		□ Remove	
			□ Change
		Add	
		Remove	
	****		☐ Change
		🗆 Add	
			☐ Remove
		B	☐ Change
		Add	
		□ Remove	
			□ Change

SSE CONTRACTOR OF THE CONTRACT	
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The 90th day after the record is filed.	nt to 605.020 be listed a
Dated May 18th 2017	: earlier c
2010	
$\times$ $\mid \vee \mid$ $\prime$	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00