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Division of Corporations

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From:

Account Name : FL PATEL LAW PLLC Account Number : I20170000097 Phone : (727) 279-5037

Fax Number : (727)888-1294

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Jordan.applewhite@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRIANGLE HOUSE, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Triangle House, LLC (Name of the Limited Linbility Company as it now appears on our records.)
(A Florida Limited Linbility Company) The Articles of Organization for this Limited Liability Company were filed on 12/27/2010 and assigned Florida document number <u>L10000131033</u> 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 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

Page 1 of 3

MGR = Manager AMBR = Authorized Member		Address  3285 Northeast Pkwy		
<u>Title</u>	Name	Address	ORIO Type of Action	
MGR	Jason T. Welte	3285 Northeast Pkwy		
		Brooksville, FL 34604	■ Remove	
			☐ Change	
MGR Vic	Victoria L. Fitzgerald	3285 Northeast Pkwy		
		Brooksville, FL 34604	■ Remove	
		***************************************	☐ Change	
			□ Add	
			☐ Remove	
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		Add		
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			☐ Change	
			☐ Remove	
			□ Change	
			□ Add	
			□ Remove	

☐ Change

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Typed or printed name of signee

Jordan S. Applewhite

Filing Fee: \$25.00