11000004093

(Requestor's Name)	
	•
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
•	
PICK-UP WAIT MAIL	-
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	
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B. KOHR

JAN 2 7 2011

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE: 656435

126812A

AUTHORIZATION

COST LIMIT

ORDER DATE: January 27, 2011

ORDER TIME: 12:42 PM

ORDER NO. : 656435-005

CUSTOMER NO: 126812A

DOMESTIC AMENDMENT FILING

NAME: TRICAPITA BRANNON LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tricar (Name of the Limited Liabilit (A Florida	pita Brannon LLC y Company as It now app Limited Liability Company	ears on our records.)	1 JAN 2
The Articles of Organization for this Limited Liability (Florida document numberL11000004093	Company were filed on _ 	January 11, 2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company l	<u>iere</u> :	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Con	npany," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:		· 	
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			 _
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the	name of the new
Name of New Registered Agent:			·
New Registered Office Address:			
	Enter Florida street address		
·	City	, Florida2	Cip Code
No			

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 608, 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 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 = Manager

MGRM = Managing Member

Type of Action Title <u>Address</u> Name. Brian Mark Mgrm ☐ Add ☑ Remove 5900 N. Andrews Ave. #625 Ft Lauderdale, FL 33309 A.J. Belt, III Mgrm ☐ Add 5900 N. Andrews Ave. #625 Remove Ft Lauderdale, FL 33309 MARK-BRANNON CRUSSING, LLC Mgrm 5900 N. Andrews Ave. #625 ☑ Add Et Lauderdale, FL 33309 ☐ Remove BELT-BRANNON Mgrm 5900 N. Andrews Ave. #625 Remove CROSSING, LLC Et Lauderdale, EL 33309. ____Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 1/27 2011 Dated Signature of a member or authorized representative of a member BRIAN MARK
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00