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(Re	questor's Name)			
(Ad	dress)			
(Add	dress)			
(Cit	y/State/Zip/Phone	e #)		
PłCK-UP	WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
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G. MCLEOD

JUN - 2 2011

EXAMINER



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05/31/11--01007--003 **25.00

THAY 31 AM 10: 03

COVER LETTER

SUBJECT:		L HOLDINGS LLC ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	,	WILLIAM S WONUS				
		Name of Person				
	TRIPLETAIL HOLDINGS LLC					
	Firm/Company					
	707 LINCOLN AVENUE					
		Address				
	L	EESBURG FL 34748				
		City/State and Zip Code				
:	E-mail address: (1	to be used for future annual report	notification)			
For further information	concerning this matter, please c	all:				
	IAM S WONUS	at (352)	636-6309			
Name	e of Person Area Code & Daytime Telephone Number					
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	losed) Certified	e of Status &		

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Tripletail I	Holdings, LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appea ed Liability Company)	urs on our records.)	
The Articles of Organization for this Limited Liability Comp Florida document numberL11000052343	any were filed on Ma	ay 3, 2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "I" "L.L.C."	Limited Liability Comp	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
<u>(Principal office address MUST BE A STREET ADDRESS</u>	2		
Entar now mailing address, if applicables			<u>α</u>
Enter new mailing address, if applicable:		·	
Mailing address MAY BE A POST OFFICE BOX)			
		···-	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address			
Name of New Registered Agent:			
New Registered Office Address:			
	En	nter Florida street ad	ldress
	, Florida		
	City		Zip Code

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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action MGRM** TRAVIS CHILDERS 1504 BROOKSTONE LANE ☐ Add FRUITLAND PARK FL 34731-3931 **✓** Remove MGRM TRAVIS L CHILDERS 1504 BROOKSTONE LANE ✓ Add Remove ERUITLAND PARK FL 34731-3931 ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **MAY 26** 2011 Dated __ Signature of a member or authorized representative of a member WILLIAM S WONUS Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

. .

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Filing Fee: \$25.00