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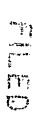
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T. CLINE

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EXAMINER

SECRETARY OF STATE



COVER LETTER

TO:

Registration Section

Division of	Corporations			
SUBJECT:	TRIPLE "L" CITE	RUS AND SALES, L.L.C.		
SUBJECT:	Name of Lim			
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.		
Please return all corr	espondence concerning this matte	r to the following:		
		TROY S. LAMM		
		Name of Person		
	TRIPLE "L	." CITRUS AND SALES, L.L.	C.	
	P.O. BOX 1551			
		Address		
	VE	EDO DEACH EL 20061		
	V	ERO BEACH, FL 32961 City/State and Zip Code		
	E-mail address: (to be used for future annual report notifica	ation)	
For further information	on concerning this matter, please	call:		
-	TROY S. LAMM	at (727) 3	91-0600	
	me of Person	Area Code & Daytime		
Enclosed is a check f	or the following amount:			
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy issenciosed)	
MAILING ADDRESS:		STREET/COURIE	R ADDRESS: E CO TOTAL	
Registration Section Division of Corporations		Registration Section Division of Corporat	٠٠٠ ستو رب.	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Cent Tallahassaa, El. 3230	er Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I RIPLE "I (<u>Name of the Limited</u>) (A	_" CHRUS /	AND SALES, L	L.C. on our records.		
The Articles of Organization for this Limited Lia Florida document numberL11000114	bility Company			and assign	ned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company	," the designation '	"LLC" or the abb	reviation
Enter new principal offices address, if applicable:		5800 SEMINOL	E BLVD.		
(Principal office address MUST BE A STREET ADDRESS)		SEMINOLE, FL 33772			
Enter new mailing address, if applicable:		P.O. BOX 1551			
(Mailing address MAY BE A POST OFFICE BOX)		VERO BEACH,	FL 32961		
				25.05	
B. If amending the registered agent and/or registered agent and/or the new registered offi			records, <u>enter</u>	19 1871 1988	he new
Name of New Registered Agent:	TROY S. LA	ММ	····	FEGA	general g
New Registered Office Address:	5800 SEMIN				
	Florida street ad	Tlorida street address			
	S	EMINOLE	, Florida	33772	
	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 60%, 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 <u>Title</u> <u>Name</u> <u>Address</u> Type of Action WILLIAM C. LEE MGRM 5800 SEMINOLE BLVD. ☐ Add √ Remove SEMINOLE, FL 33772 NANCY U. LEE MGRM 5800 SEMINOLE BLVD. ✓ Add SEMINOLE, FL 33772 ☐ Remove ☐ Add ☐ Remove ∏Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ___ Signature of a member or authorized representative of a member TROY S. LAMM Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00