

L11000124067

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H140002208253)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC  
Account Number : I20020000094  
Phone : (770) 777-2091  
Fax Number : (770) 220-1943

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

Email Address: CLKLEMPNER@Earthlink.net

RECEIVED  
14 SEP 19 AM 8:50  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TRI REAL ESTATE FLORIDA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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14 SEP 19 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch SEP 22 2014

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **TRI REAL ESTATE FLORIDA LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**KRahm**

Name of Person

**Triad Professional Services**

Firm/Company

**1720 Windward Concourse, Ste 390**

Address

**Alpharetta, GA 30005**

City/State and Zip Code

**cklempner@earthlink.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**KRahm**

Name of Person

at **(770) 777-2091**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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

TRI REAL ESTATE FLORIDA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/31/2011

Florida document number L11000124067

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 end with 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)

277 Royal Poinclana Way, Suite 147  
Palm Beach, FL 33480

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

277 Royal Poinclana Way, Suite 147  
Palm Beach, FL 33480

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

City, Florida 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 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

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 TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	WILLIAMS, ANGELA H	C/O NRAI SERVICES, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	WILLIAMS, ARTHUR LJR.	C/O NRAI SERVICES, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	WILLIAMS, ANGELA H	277 Royal Poinciana Way, Suite 147 Palm Beach, FL 33480	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	WILLIAMS, ARTHUR LJR.	277 Royal Poinciana Way, Suite 147 Palm Beach, FL 33480	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 17, 2014.

Catrina M Carpenter

Signature of a member or authorized representative of a member

Catrina M Carpenter

Typed or printed name of signee

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14 SEP 19 PM 4:15  
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