

L11 000 124091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

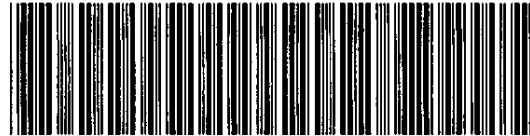
(Business Entity Name)

(Document Number)

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15 MAY 15 AM 11:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MAY 21 2015
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Triangle Leisure Svc.
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:

Denise Pellegrino
Name of Person

Pellegrino's Ristorante
Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Robert Pellegrino
Name of Person

at (_____) _____
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**

TRIANGLE LEASURE SVC. 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 OCT 31, 2011 and assigned
Florida document number 211006124091

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

, 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 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

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
GRAM	Robert Pellegriano	836 SW 9TH ST BECARATON, FL 33431	<input type="checkbox"/> Add Unit 104 <input checked="" type="checkbox"/> Remove

PTNR ☐ Change
~~PTNR~~ Denise Pellegrino 836 SW 9TH ST Circle Unit 104
☒ Add
BOCA RATON, FL 33431
☐ Remove

☐ Change

☐ Add

[Remove](#)

☐ Change

☐ Add

[Remove](#)

_____ ☐ Change

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☐ Add

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15 MAY 15 AM 11:22
SUPERIOR OF STATE
PAID POST OFFICE

15 MAY 15 AM 11:22


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

5-14-15


Signature of a member or authorized representative of _____

Signature of a member or authorized representative of a member

Robert Pellegrino

Typed or printed name of signee