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(Business Entity Name)

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15 MAR 24 AM 8:57  
J. G. HARRIS (201-701-1000)

J. G. HARRIS APR 15 2015

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: TPL Technologies, 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:

Matt Briglio

Name of Person

TPL Technologies

Firm/Company

2845 West Valley Blvd

Address

Alhambra, CA 91803

City/State and Zip Code

mattbriglio@earthlink.net

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

For further information concerning this matter, please call:

Matt Briglio

at ( 626 ) 289-7600

Name 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

☐ \$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**

TPL Technologies, 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 11/18/2011 and assigned Florida document number L11000132080.

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)

2845 West Valley Blvd

Alhambra, CA 91803

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2845 West Valley Blvd

Alhambra, CA 91803

**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:

REGISTERED AGENTS INC

New Registered Office Address:

3030 N. Rocky Point Drive, STE 150A

Enter Florida street address

Tampa

Florida

City

33607

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.*

Bill Havre  
**If Changing Registered Agent, Signature of New Registered Agent**

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>
MGR	Matt Briglio	2845 West Valley Blvd	<input checked="" type="checkbox"/> Add
		Alhambra, CA 91803	<input type="checkbox"/> Remove
MGR	Ralph Wadsworth	880 Mandalay Dr., #S301	<input type="checkbox"/> Add
		Clearwater, FL 33767	<input checked="" type="checkbox"/> Remove
MGR	Tim Carda	178 Bayside Dr.	<input type="checkbox"/> Add
		Clearwater Beach, FL 33767	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10/10/2018 8:57 AM

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 March 19, 2015



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Matt Briglio

\_\_\_\_\_  
Typed or printed name of signer

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Filing Fee: \$25.00

RECEIVED  
MAR 21 2015  
11:00 AM  
FBI  
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