## L12000008338

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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B. BOSTICK
DEC - 6 2012
EXAMINER

Law Office

26 E. Broadway Street Oviedo, FL 32765 (407) 678-8765

December 3, 2012

Florida Department of State Division of Corporations, Registration P.O. Box 6327 Tallahassee, Florida 32314

RE:

Tri-Teksolutions, LLC

L12000008338

To The Clerk:

Enclosed please find the Articles Of Amendment To Articles Of Organization for the aboveidentified Florida Limited Liability Company.

Also enclosed is a check in the amount of \$30.00 for the filing fee and squanc of Certificate of Status. Please file the Articles and forward the Certificate of Status to this

Very sincerely yours,

MICHAEL J. PRESUTTI, ESQUIRE

MJP/arp

Enclosures (as stated)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tri-Teksolutions, LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on ou Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability	Company were filed on 1/18/201	2 and assigned
Florida document number L1200008338	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the	designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		12 T
(Principal office address MUST BE A STREET ADD	RESS)	T T
		SSE 5
Enter new mailing address, if applicable:		7.5g =
(Mailing address MAY BE A POST OFFICE BOX)		22 RIEA
	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office ade		ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida 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 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John G. Jacobs	1204 Tisdale Court	Add
		Casselberry FL 32707	Remove
MGR	Jeffrey Stringer	6324 SUNSET BOULEVARD	Add
		ST. AUGUSTINE, FL. 3209	Remove
MGR	Guy Newsome	18 WILLIAMS STREET	Add
		ST. AUGUSTINE, FL. 32095	Remove
MGRM	John G. Jacobs	1204 Tisdale Court	✓ Add
		Casselberry FL 32707	Remove
			_
		ALLAHASSEE FLORATO	Remove  DEC -5  Ph
		E. F. CORN	PP Add
			Remove

). If amending any other information	n, enter change(s) here: (Attach additional sheets, if necessary.)
Dated 11/29/2012	
	7 d5)a
Signate	ure of a member or authorized representative of a member
John G. Jacobs	
	Typed or printed name of signee

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Filing Fee: \$25.00

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