

L120000100747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

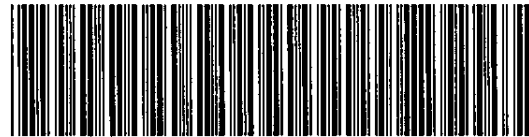
(Document Number)

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STATE
OF FLORIDA

J. SAULSBERRY
EXAMINER

SEP 13 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Triplicity Publishing, LLC

DOCUMENT NUMBER: L12000100747

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alea Hamilton

Name of Contact Person

Triplicity Publishing, LLC

Firm/ Company

13245 Atlantic Blvd.

Address

Jacksonville, FL 32225

City/ State and Zip Code

triplicitypub@aol.com

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

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STATE
FILING

For further information concerning this matter, please call:

Alea Hamilton

Name of Contact Person

at (904) 910-0462

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Triplicity Publishing, 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 8/2/2012 and assigned
Florida document number L12000100747.

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)

13245 ATLANTIC BLVD.

SUITE 4-322

JACKSONVILLE, FL. 32225

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13245 ATLANTIC BLVD.

SUITE 4-322

JACKSONVILLE, FL. 32225

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:

13245 ATLANTIC BLVD. STE 4-322

Enter Florida street address

JACKSONVILLE

City

, Florida

32225

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 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

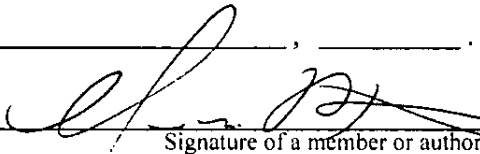
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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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

ALISA HAMILTON

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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