L12000108965

(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	,
(Cir	ty/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Ви	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	d Copies Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only



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2016 NAY IN P 1: 30

BKUC)

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: TRIC	VGYPT TR Name of Lim	ADING LLC	<u> </u>
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		E BENOIT Name of Person	
	TRING	YPT TRADINI	z LhC
	5208 (CULPEPPER F	<u></u>
		Y CHAPKK, F City/State and Zip Code	
	<u>c</u> ecilk	o enoito y ahoo. con to be used for future annual report notifi	ASSS.
			cation)
	ncerning this matter, please ca	1.	cation) STATE TO THE STATE OF
CECIL E. Name of	BKN017 Person	at (813) 765 - 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

TRINGYPT TRADIA	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L12000108965</u> .	ny were filed on $8/23/12$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	7A S C C C C C C C C C C C C C C C C C C
Enter new mailing address, if applicable:	THAY IT P
(Mailing address MAY BE A POST OFFICE BOX)	FLORIDE 30
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new
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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	GLENN I WALTERS	5212 CUNPEPPER PL	□ Add
		WESLEY CHAPKE, FL33 &	Remove
			☐ Change
	 		Add
			□ Remove
			Change
·			Add
		TALLAH	□ Remove
		AHASSEE.FLORIDA	Charles Add
		FLORIDA	Remove
			☐ Add
			□ Remove
			☐ Change
			Add
			Remove
			□ Change

Effective date, if other than the date of filing: [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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated 51316 Many Maller Signature of a member or authorized representative of a member			 				
Effective date, if other than the date of filing:				·· · · · · · · · · · · · · · · · · · ·			
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Filing Fee: \$25.00