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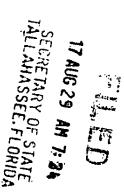
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## **COVER LETTER**

	Registration Se Division of Cor							
SUBJEC	Triple R Par	rtners, LLC						
SUBJEC	· I i	Name of Lim	Name of Limited Liability Company					
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	turn all correspo	ndence concerning this matter	to the following:					
		Robert Vollmer		ا د الله الله الله الله الله الله الله الل				
		gradient of the profession	Name of Person	State of the first				
		Triple R Partners, LLC		· .				
			Firm/Company					
		7001 Gibsonton Drive		_				
			Address					
		Gibsonton FL 33534						
		ginav@prowaygroup.com	City/State and Zip Code	miles .				
For furth	er information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report not	ification)				
Robert V		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	813 626-4444 at ()					
	Name o	f Person	Area Code Daytin	ne Telephone Number				
Enclosed	l is a check for th	ne following amount:						
\$25.0	00 Filing Fec	□ \$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)				
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on rations enter Circle				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Triple R Partners, 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 8/24/17 and assigned Florida document number L12000136756 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: Robert Vollmer Name of New Registered Agent: 7001 Gibsonton Dr New Registered Office Address: Enter Florida street address Gibsonton

## 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 lithin d liability company has been notified in writing of this change.

City

If Changing Registered Agent, Senature 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
AMBR	Gina Vollmer	7001 Gibsonton Dr	■ Add
		Gibsonton FL	Remove
		33534	Change
		<del></del>	Add
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(If an effe Note: 1	ve date, if other ective date is listed, the date inserted ent's effective date.	he date must b I in this bloc	e specific and k does not i	d cannot be meet the a	applicable	ate of filing statutory	or more than filing requir	90 days afte	i <b>onal)</b> r filing.) Pur is date will	suant to ( not be l	605.0207 ( isted as t
	ord specifies a 90th day after				it not a	n effectiv	/e time, a	at 12:01	a.m. on t	the ea	rlier of:
Dated _	August 24			2017							
	· · · · · · · · · · · · · · · · · · ·		- William	7	·············						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00