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(Requestor's Name)

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(Business Entity Name)

(Document Number)

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2013 JAN 24 PM 4:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Triple L Investment 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:

Peterson Lubin

Name of Person

Triple L Investment LLC

Firm/Company

339 SE 24TH Street

Address

Fort Lauderdale, FL 33316

City/State and Zip Code

plubin29@gmail.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JAN 24 PM 4:00

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For further information concerning this matter, please call:

Peterson Lubin

Name of Person

954 804-9002

at ()

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

Triple L Investment
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2013 JAN 24 PM 4:00
TALLAHASSEE FLORIDA
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number 113-2908.

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) _____

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:

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 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>
MGR	Lorinzo Lovely Jr	Po Box 936695	<input type="checkbox"/> Add
		Margate, FI 33093 US	<input checked="" type="checkbox"/> Remove
MGR	Leroy Goulbiurne	721 N 69TH AVE	<input type="checkbox"/> Add
		Hollywood, FI 33024 US	<input checked="" type="checkbox"/> Remove
MGR	Karen Velasquez	Po Box 936695	<input checked="" type="checkbox"/> Add
		Margate, FI 33093 US	<input 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 JAN 24 PM 4:00

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AD: If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ALABAMA
JAN 24 2013

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Dated _____, _____.



Signature of a member or authorized representative of a member

Peterson Lubin

Typed or printed name of signee

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Filing Fee: \$25.00