

L13000002908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

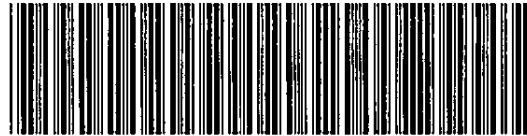
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FALLAHASSEE FL 39931

FILED

## 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

**PO BOX 936695**

Address

**MARGATE FL 33093**

City/State and Zip Code

**PLUBIN29@GMAIL.COM**

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

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STATE OF FLORIDA  
TALLAHASSEE, FL 32301

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For further information concerning this matter, please call:

**PETERSON LUBIN**

Name of Person

at ( **305** ) **804-4040**

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 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 01/07/2013

Florida document number L13000002908

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)**

1700 WEST BROWARD BLVD

FORT LAUDERDALE FL 33312

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1700 WEST BROWARD BLVD

FORT LAUDERDALE FL 33312

**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:**

JOHN MICHEAL

**New Registered Office Address:**

1700 WEST BROWARD BLVD

*Enter Florida street address*

FORT LAUDERDALE

Florida 33312

*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>
MGRM	JOHN MICHEAL	1700 WEST BROWARD BLVD	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE FL 33312	<input type="checkbox"/> Remove
MGRM	PETERSON LUBIN	PO BOX 936695	<input type="checkbox"/> Add
		MARGATE FL 33093	<input checked="" type="checkbox"/> Remove
MGRM	LORINZO LOVELY	PO BOX 936695	<input type="checkbox"/> Add
		MARGATE FL 33093	<input checked="" type="checkbox"/> Remove
MGRM	KAREN VELASQUEZ	PO BOX 936695	<input type="checkbox"/> Add
		MARGATE FL 33093	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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

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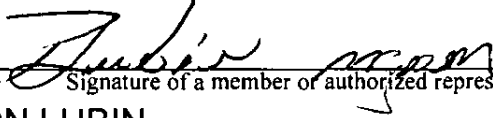
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Dated \_\_\_\_\_,



Signature of a member or authorized representative of a member

PETESON LUBIN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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