

5/2/2016

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP
 Account Number : I20120000055
 Phone : (407)898-1757
 Fax Number : (407)897-5336

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRIPLE A BUSINESS DEVELOPMENT LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 01 |
| Estimated Charge: | \$25.00 |

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: TRIPLE A BUSINESS DEVELOPMENT 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:

CARLA COLLIER

Name of Person

ACCOUNT BOOKKEEPING CORP.

Firm/Company

3300 S. HIAWASSEE RD, STE 106

Address

ORLANDO, FL 32835

City/State and Zip Code

SUPPORT@ABKCORP.COM

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

For further information concerning this matter, please call:

CARLA COLLIER

407 898-1757
at ()

Name of Person

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

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

TRIPLE A BUSINESS DEVELOPMENT 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 05/06/2013 and assigned
Florida document number L13000066362

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:

6979 KINGSPONTE PKWY UNIT 3

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL

32819

Enter new mailing address, if applicable:

6979 KINGSPONTE PKWY UNIT 3

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL

32819

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:

6979 KINGSPONTE PKWY UNIT 3

Enter Florida street address

ORLANDO,

City

Florida 32819

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:

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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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------------|--|
| MGRM | KATZ, RANAN | 6979 KINGSPONTE PKWY | <input type="checkbox"/> Add |
| | | UNIT 03 | <input type="checkbox"/> Remove |
| | | ORLANDO, FL 32819 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Blank lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of:

(b) The 90th day after the record is filed.

Dated May 02 2016

Signature of a member or authorized representative of a member

RANAN KATZ

Typed or printed name of signee

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