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COVER LETTER

SUBJECT:	TRIP	LE T USA, LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	CANDY BROWNLOW		
		Name of Person	
	JOHN P. MAAS, ATTOR	NEY AT LAW	
		Firm/Company	
	44 NE 16 STREET		•
	· · · · · · · · · · · · · · · · · · ·	Address	
	HOMESTEAD, FL 33030		
		City/State and Zip Code	
	STOPNSHIPMI@YAHOO		
	E-mail address: (1	to be used for future annual report notific	ation)
For further information con	ncerning this matter, please ca	all:	
CANDY BROWNLOW		305 247-7132 at (
Name of	^D erson	Area Code Daytime 7	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)

TO:

Registration Section Division of Corporations

> 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	T USA, LLC		
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)	
he Articles of Organization for this Limited	Liability Company	y were filed on May	15, 2013	and assigned
lorida document number L13000071480	•			
his amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited lia	bility company here:		
N/A				
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the design	nation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A		
Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	E <i>BOX</i>)	N/A		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			o o	1 S
3. If amending the registered agent and registered agent and/or the new registered of	d/or registered of office address he	office address on ou re:	r records, enter	the name of the
Name of New Registered Agent:	NASIM UDD	IN AHMED	>	
New Registered Office Address:	21910 Ingraha	ım Avenue Road		
		Enter Florida s	treet address	
	Cutler Bay		, Florida	190
		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
AMBR	NASIM UDDIN AHMED	21910 Ingraham Avenue Road	Add
		Cutler Bay, FL 33190	□ Remove
			Change
AMBR	MOZAHARUL ISLAM	12364 SW 216 STREET	
		Miami, FL 33170	■ Remove
			Change
			Add ,
			AH/SSEE
			FLORIDA
			Remove
			☐ Change
			□ Remove
			Add
			Remove
			☐ Change

21910 Ingraham Avenue Road Cutler Bay, FL 33190 Mohammed Noor E Elahi (50%) (AMBR) 29060 Georgia Road Homestead, Florida 33033 Kamal S. Hossain (25%) (AMBR) 3616 SW 165 Avenue Miramar, FL 33027	Cutler Bay, FL 33190 Mohammed Noor E Elahi (50%) (AMBR) 29060 Georgia Road Homestead, Florida 33033 Kamal S. Hossain (25%) (AMBR) 3616 SW 165 Avenue Miramar, FL 33027 All S. Hossain (25%) (AMBR) Second Homestead, Florida 33033 Kamal S. Hossain (25%) (AMBR) Wiramar, FL 33027 All S. Hossain (25%) (AMBR) Figure Company of the) (AMBR)	
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3616 SW 165 Avenue Miramar, FL 33027 Miramar, FL 33027	Miramar, FL 33027 Miramar, FL 33027 Copyright (april on all) Rective date, if other than the date of filling:			
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SEE. FLOR	tive date, if other than the date of filing:	3616 SW 165 Avenue		7 M
E GF S TA	tive date, if other than the date of filing: (optional) flective 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 64. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	Miramar, FL 33027		
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Filing Fee: \$25.00