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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 0 7 2016

## **COVER LETTER**

TO: Registration Section Division of Corporation		
SUBJECT:	Triple Threat Rentals LLC Name of Limited Liability Company	
	, Name of Billinea Blability Company	
The enclosed Articles of An	mendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Mristin Sivib Name of Person	
	Name of Person	
	F:/O	
	Firm/Company	
	860 Reid Hooker Address	
	Address	
	Ends, TN 38028 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For firsther information con	cerning this matter, please call:	
John Pet	reson at (901) 270-909 Y  Area Code & Daytime Telephone Number	
Name of Pe	erson Area Code & Daytime Telephone Number	
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	sed)

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

Trice Threat Rentals (Name of the Limited Liability Compa	LLC					
/ (Name of the Limited Liability Compa (A Florida Limited I	ny as it now ap Liability Compar	pears on ny)	our records.	.)		
The Articles of Organization for this Limited Liability Company	were filed on _	June	21,201	3	and as	signed
Florida document number <u>L130000 89 515</u> .						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	oility company	<u>here</u> :				
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Co	mpany,"	the designation	on "LLC"	or the	abbreviation
Enter new principal offices address, if applicable:	2309	N. C	oltevile	A/	lingth	on Rd.
(Principal office address MUST BE A STREET ADDRESS)	23.09 Eas,	TN	38026	g) <b>∑</b> U.		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				ECRETARY OF S	4 APR -3 程原	Ludan
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		on our	records, <u>en</u>	ORIDA ter the	ယ	of the nev
Name of New Registered Agent:						
New Registered Office Address:		Enter F	lorida stree	t address		
			, Florid			
	City		, FIGHU		ір Сос	łe

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>	Name	Address	Type of Action
MGRM	John Petree Jr.	2309 N. Collierunke - Arlington	Add
		2309 N. Collierunke - Arlington Ends, TU 38028	Remove
			<del></del>
<i></i>			Add
			Remove
<del></del>			Add
		' 6°-	Remove
		TAC	2 4
		HASSE	Add.
		E. FLOI	Remove  Add  Remove
		RIDA	_&
			Add
			Remove
			<del></del>
			Add
			Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
•		
		-
		-
		-
		<u>-</u>
	<i>,</i>	
Dated _	March 3187, 2014.	-
	Krishin Petree Sivily Kar Petree Keuter John Signature of a member or authorized representative of a member	etize Ti
	The first of the state of the s	fr.
	Typed br printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00

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SECRETARY OF STALLAHASSEE, FL