

L14000034830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

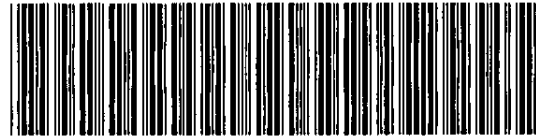
(Business Entity Name)

(Document Number)

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TO REQUEST FOR
SUFFICIENCY OF FILING

2014 APR 11 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 APR 11 AM 11:33

FILED

T. Bush APR 11 2014



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April 11, 2014

Via hand delivery

Department of State, Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

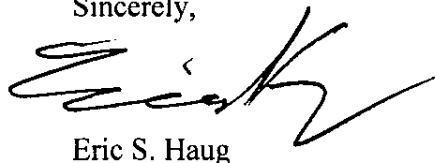
RE: Triple Diesel Investments, LLC
Florida document number: L14000034830

Dear Madam/Sir:

Enclosed please find a Statement of Authority and Articles of Amendment to the Articles of Organization of Triple Diesel Investments, LLC, a Florida limited liability company. Also enclosed is a check in the amount of \$50.00 in payment of both \$25.00 filing fees.

Thank you in advance for your attention to this matter.

Sincerely,



Eric S. Haug

Enclosures

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

Triple Diesel Investments, 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 March 3, 2014 and assigned
Florida document number L14000034830.

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)

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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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	William Gleason	1541 Bert Stinson Rd Falkville, AL 35622	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Stacy A. Pippin	15339 Banks Drive Panama City, FL 32409	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Herrold D. Willis	5952 Cross Country Blvd Marianna, FL 32446	<input type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	William Gleason	1541 Bert Stinson Road Falkville, AL 35622	<input type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Stacy A. Pippin	15339 Banks Drive Panama City, FL 32409	<input type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Herrold D. Willis	5952 Cross Country Blvd Marianna, FL 32446	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 8, 2014



Signature of a member or authorized representative of a member

William H. GLEASON

Typed or printed name of signee

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TALLAHASSEE, FLORIDA