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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRIPLICATE RESOURCES (US), 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:

HIRAM OCARIZ, CPA

Name of Person

OCARIZ GARRASTACHO HEVIA & MERCER LLLP

Firm/Company

999 PONCE DE LEON BLVD. #650

Address

CORAL GABLES, FL 33134

City/State and Zip Code

HOCARIZ@OGHM-CPA.COM

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

For further information concerning this matter, please call:

HIRAM OCARIZ, CPA

Name of Person

at ( 305 ) 444-8838

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

TRIPLICATE RESOURCES (US), LLC

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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	LAURA NEIVA	7 TURTLE WALK	<input checked="" type="checkbox"/> Add
		GRAND BAY VILLAS	<input type="checkbox"/> Remove
		KEY BISCAYNE, FL 33146	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

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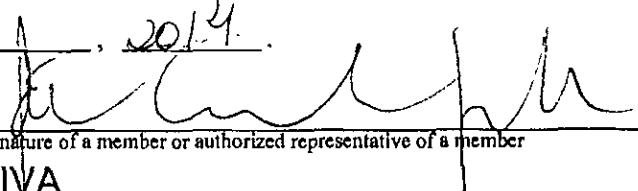
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 01 of July, 2014.

  
Signature of a member or authorized representative of a member

EVANDO J NEIVA

Typed or printed name of signee

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Filing Fee: \$25.00

27 JUL 1 11 11 AM '14