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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECTS

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

...305, 444-8838

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIPLICATE RESOURCES (US), 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 O3/12/2014 and assigned Florida document number L14000041971

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)

CORAL GABLES, FL 33134

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:		***		
•			123	
New Registered Office Address:			*****	
	Enter Florida street address	•		;"
	, Florida	_ • • • •	77.3	; ·
	City	Zip Co	de 🗦	

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>	Name	Address	Type of Action
MGR	LAURA NEIVA	7 TURTLE WALK	= Add
		GRAND BAY VILLAS	□ Remove
		KEY BISCAYNE, FL 331	
			□ Add
			D Remove
			
			☐ Remove
			
			□ Add
			□ Remove
 -			Add
			□ Remove
			Add
			Remove

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E. Effective date, if other than the date of filing: (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 Ol of July J. 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