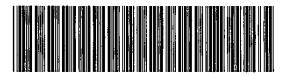
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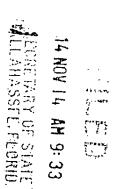
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COVER LETTER

TO: Registration Sec Division of Corp		* (*	, 6
Three	sis LLC		
SUBJECT:		ed Liability Company	
	Amendment and fee(s) are subr		
Please return all correspo	ndence concerning this matter t	o the following:	
	Sergio Garci	a Amoroso	
		Name of Person	
	Threesis LL(
		Firm/Company	
i i	8218 Gemst	one ct	
•		Address	
	Orlando, FL	32836	
		City/State and Zip Code	
	bru_magri@yahoo	o be used for future annual report notifi	ication)
For further information of	oncerning this matter, please ca		
Bruno Mag	ri	407, 421-80	056
	f Person	at (407) 421-80	Telephone Number
Enclosed is a check for t	he 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

Threesis LLC		
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L14000049798	bility Company were filed on 03/25/2014	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of the	the limited liability company here:	
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address on our records, <u>ente</u> ice address here:	r the name of the new
Name of New Registered Agent:		
New Registered Office Address:		SSE T
	Enter Florida street address	
	, Florida _	6 6
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR ≈ Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Bruno C. Magri	8218 Gemstone CT.	■ Add
•		Orlando FL 32836	□ Remove
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			Add
			□ Remove
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ective date, if c	ther than the dat	te of filing:e prior to date of receipt or filed da	ate and cannot be more than	_ (optional) 90 days after
	i is filed by the Florida	a Department of State)		
date this documen	i is filed by the Florida	a Department of State)		
date this documen	is filed by the Florida		conceventative of a member	r

Page 3 of 3

Filing Fee: \$25.00

WILLAHASSEE, FLORING