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COVER LËTTER

TO: Registration So Division of Con				
SUBJECT:	TOPGUN TRIATH	LON, LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	VALER	Name of Person		
	CAREY, O'MALLEY	HITTAKER & MUELLE!	r, P.A.	
	7125.	OREGON AVE.	<u>. </u>	
	TAMPE	FL 33606 City/State and Zip Code	<u> </u>	
	E-mail address: (AND & COUMPA to be used for future annual report noti	fication)	
For further information of	oncerning this matter, please ca	all:		
VALSÆE Name o	HOLLAND Person	at (<u>8\3</u>) <u>250 -</u> Area Code Daytime	c Telephone Number LLAHAS	
Enclosed is a check for t	ne following amount:		က်း ကြီး လူသို့	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

(Name of the Limited L.	TREATHLO	as it now appears on o	ur records.)		
The Articles of Organization for this Limited Liabil Florida document number <u>LI4000078488</u>		vere filed on <u>May</u>	14, 2014	and assi	gned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	limited liabili	ity company here:			
CLEARWATER The new name must be distinguishable and contain the words	BECYCLE "Limited Liability	Company, LLC y Company," the designat	tion "LLC" or the	abbreviation "L.I	C."
Enter new principal offices address, if applicable	e:	307 LAKEY	EEW DREN	L	
(Principal office address MUST BE A STREET A	DDRESS)	TARPON SPA	erues, FL	34689	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>x)</u>	307 LAKEN TARPON SPO		it 34689	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	-		records, ente	Tithe name (of the new
New Registered Office Address:	307	LAKIVITU DR		OF JE	0
-	TARRED	SPRINGS City	, Florida _	346 89 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			☐ Change
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Filing Fee: \$25.00