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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	; #)
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TO:	Registration Se Division of Cor			
	***	portunions		
SUBJI	ECT: Triquest	Florida LLC		
v			ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Paul Queyrel	
		······································	Name of Person	
			Triquest Florida LLC	
			Firm/Company	
			1007 N. Federal Hwy STE 262	
			Address	
		F	Fort Lauderdale, Florida 33304	
			City/State and Zip Code	
		E-mail address: (Pqueyrel@aol.com to be used for future annual report noti	fication)
For fur	ther information c	oncerning this matter, please ca	all:	
	Paul C	Queyrel	at (954) 801-9441	
-	Name o	f Person		e Telephone Number
Enclos	ed is a check for the	he following amount:		
	5.00 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

	Triquest Florida LLC		
(<u>Name of the Limited</u> (A	l <u>Liability Company as it now appea</u> A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lial	bility Company were filed on	September 5, 2014	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company h	ere:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the	designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)	···	
		<u> </u>	
Enter new mailing address, if applicable:	·		
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi		n our records, enter the	name of the new
New Registered Office Address:	E Ele	orida street address	
	Enter Fic		
	City	, Florida	Zip Code
No. Desirate and Assemble Clausetone (Cabanasia - De	-1-4 4 44-	•	

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kevin H. O'Conor	3940 N. Flagler Drive #406 West Palm Beach, Fi 33407	⊠ Add
			□ Remove
			Change
			□ Add
			🗆 Remove
			🗆 Add
			Remove
			Change
			Add
			_ □ Remove
			Change
			🗆 Add
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		LLAND THE CREET AND THE CREET	Change
		m _D	_T Add
		LORIDA	_ Remove
		<u></u>	_□ Change

Please update Sunbiz.com and add	Kevin H. O'Conor (above) as a Mana	ger of Triquest Florida LLC.
	·····	
		<u> </u>
		
·		
rtive date if other than the date of fili	na.	(ontional)
ctive date, if other than the date of filine effective date is listed, the date must be specific at	nd cannot be prior to date of filing or more than	90 days after filing.) Pursuant to 605.0
e: If the date inserted in this block does not iment's effective date on the Department of		ements, this date will not be listed
ment's effective date on the Department of	State's records.	
ecord specifies a delayed effective	date, but not an effective time, a	it 12:01 a.m. on the earlie
e 90th day after the record is filed		雄 足
	Text	TEC III
d September-29	, 2015 .	2015 OCT SECRET
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	a memoer or authorized representative of a me	mber SR U
Signature of a		• • • • • • • • • • • • • • • • • • • •
Signature of a		1. ST/

Page 3 of 3 ing Fee: \$25.00

Filing Fee: \$25.00