# L1500006825F

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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# **COVER LETTER**

TO:	Dominturation Soution	<b>%</b>	4.2	g <del>e</del>	٠.٠٠	**	1. 44
	Registration Section Division of Corporatio	ne 🣆	•	•		′Ψ.	
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	CCT: Triple	_ C Producti	inac 110	`••			
SUBJE	CCT:	, C [7000011	ited Liebility Commons				
	•	Name of Lim	ited Liability Company				
The en	closed Articles of Amenda	nent and fee(s) are sub-	mitted for filing.				
D.I	. 11						
Please	return all correspondence	concerning this matter	to the following:				
		_		,			
		Clair	e Campbel	(			
			Name of Person	···		<del></del>	
	<del></del>		Firm/Company	· · · · · · · · · · · · · · · · · · ·	<del>. ·</del>		
			_				
		1909 E.	DeSoto St.				
		<u></u>	Address				
		Pensacola	, FL 325	01			
	<u></u>		City/State and Zip Code	<del></del>		<del></del>	
		claire.	City/State and Zip Code  Campbell 1904 to be used for future annual	1 @ am	ail.com		
	-	E-mail address: (	to be used for future annual	report notifica	ition)	_	
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ror tur	ther information concerning	ig this matter, please ca	aii;				
ol.	sica Comment		200	20 7 7	C1-10		
$-\mathcal{O}(\mathcal{U})$	ure Campbell		at (BSO) Area Code	70 C Z	2010	<b>1</b>	
	Name of Person		Area Code	Daytime 1	elephone Num	ber	
Enclose	ed is a check for the follow	vina amount:					
- /		-					
7 \$25	5.00 Filing Fee	30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy	&		Filing Fee.	
/	'	Deminicate of Status	(additional copy is en-	closed)		icate of Sta ied Copy	ius &
			(	/		mal copy is er	iclosed)

### 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

# TO ARTICLES OF ORGANIZATION **OF**

FILED

2015 APR 29 PM 12: 27

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Triple C Pro (Name of the Limited)	ductions	LLC	re on our	SECI	RETARY ( <del>AHASSEE</del>	IF STATE <del>: FLO</del> RIDA
(A)	Florida Limited Li	ability Company)	iis oii oui	i ecor as.	,	
The Articles of Organization for this Limited Liabi	ility Company v	were filed on	April	20th	2015	_ and assigned
Florida document number <u>L<sup>1</sup>50000682</u>	<u>58</u> .		•			
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of th	e limited liabil	lity company h	<u>ere</u> :			
The new name must be distinguishable and end with the wor	do 447 include Y include	liter Company " the	a dagiamati	"I I C"		aviation 41 I C 2
The new name must be distinguishable and end with the wor	us Limited Liabii	my Company, us	e designatio	on LLC	or the abor	sviation E.E.C.
Enter new principal offices address, if applicabl	e:					
( <u>Principal office address MUST BE A STREET A</u>	<u> 1DDRESS)</u>	<del> </del>			· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:						
Enter new mannig address, it applicable: (Mailing address MAY BE A POST OFFICE BO	1 <b>V</b> 1	<u></u>				
Maying duaress MAT BE A FOST OFFICE BO	<u>M</u>				. <del> </del>	
	•					
B. If amending the registered agent and/or			n our r	ecords,	enter the	e name of the no
registered agent and/or the new registered office	<u>e address here</u>	•				
Name of New Registered Agent:						
New Registered Office Address:			**	<del> </del>	· · · · · · ·	<del> </del>
		Enter Flo	orida street	address		
-		Cin		_, Flor	ida	Zip Code
Naw Degistered Agent's Signature if changing Deg	ta at t	City				гір Соае
NOU MODISTOPAN ANANT'S NIGHOTUPA IT CHANGIAN MAG	ICTOPON A GODT:					

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

#### Authorized Member being added or removed from our records:

MGR = Manager AMBP = Authorized Member Title <u>Name</u> **Type of Action** <u>Address</u> Claire Campbell 1909 E. DeSoto St.

Pensacola, FL 32501 ☐ Remove □ Add ☐ Remove □ Add □ Remove ☐ Add ☐ Remove \_ Add \_□ Remove □ Add ☐ Remove

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e effective	date, if other than the date of filing: (optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
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e effective	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

