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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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O. BRUCE

COVER LETTER

Div	ision of Corp	orations ,				
SUBJECT:		EXANDER LLC				
Sebeter.		Name of Limited Liability Company				
The enclosed	Articles of A	Amendment and fee(s) are subr	mitted for filing.			
Please return	all correspon	dence concerning this matter t	to the following:			
		JOHN P MILLER				
Name of Person						
JOHN P MILLER CPA PA						
Firm/Company					_	
2499 GLADES RD STE 304						
Address					_	
BOCA RATON FL 33431						
			City/State and Zip Code		2015	
		E-mail address: (t	to be used for future annual rep	port notification)	5 JU	
For further i	nformation co	oncerning this matter, please ca	all:		1	
JOHN P MI	LLER		561 368-9	9777	Es PM	
	Name of	Person	at () Area Code	Daytime Telephone Numb	3: 5	
Enclosed is	a check for th	e following amount:				
\$25.00 1	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	sed) Certific	Filing Fee, cate of Status & ed Copy nat copy is enclosed)	

MAILING ADDRESS:

Registration Section

TO:

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

TRIC	CIA ALEXANDER LLC	
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our record la Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability (Florida document number L15000079875	Company were filed on 05/06/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
		E E E
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.Q."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		元の
		5 5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		SS 33 Printer
		- X 111
B. If amending the registered agent and/or registered agent and/or the new registered office add	istered office address on our records dress here:	s, enter the name of the ne
registered agent and or the new registered office act	wi vidi in	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	:5
		orida
	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Alexander Woviotis	1004 SW 13th Street	Add
		Boca Raton FL 33486	□ Remove
			Change
MGRM	Tricia Woviotis	1004 SW 13th Street	■ Add
		Boca Raton, FL 33486	Remove
			Change Change
			SSET Add
			Remove
			☐ Change
			D Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
			
			☐ Remove
			☐ Change

. If amending any ot		, enter change	e(s) here: <i>(At</i>	tach additional	sheets, if nec	essary.)		
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						351.7		
Effective date, if ot (If an effective date is list Note: If the date insedocument's effective	ted, the date must be serted in this block	te of filing: specific and canno does not meet the	he applicable st		han 90 days afte			
the record specific) The 90th day a			but not an	effective time	e, at 12:01	a.m. on t	he ea	rlier of:
Dated May 28th		201	15					
Dated			· · · · · · · · · · · · · · · · · · ·					
`	12							
	Sign	nature of a member	er or authorized	epresentative of a	member			-
		John P Mills	er, authorized r	enresentative				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00