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(Re	equestor's Name)	·
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

Division of Corp	orations		
SUBJECT: Tri	COLARTY Mult	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Darren	Dum elle Name of Person	
	Tri County	Muli Services Firm/Company	41c
	1180 NW	45th ter Address	
	Lauderhi	U FL 53513 City/State and Zip Code	
		Dunelle ag mail to be used for future annual report notif	
For further information co	ncerning this matter, please ca	all:	
<u>Darren</u> Name of	Dunelle	at (951) 70 Area Code Daytime	9 - 42 52 Telephone Number
Enclosed is a check for the	-		
☑ \$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

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

Name of the Limited Liability Com (A Florida Limited)	Dany as it now appears on or	ur records,)
(A Florida Limite	d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	7/8/15 and assigned
Florida document number <u>/ /5000117396</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	hility Company " the deciman	tion "I I C" or the abbreviation "I I C"
the new name must be distinguishable and contain the words. Limited that	oniny Company, the designat	HOII LLC OF the aboveyration E.E.C.
Enter new principal offices address, if applicable:	······································	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	 	
B. If amending the registered agent and/or registered	office address on our	records, enter the name of the new
registered agent and/or the new registered office address he		
Name of New Registered Agent:		44-14-1
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my d s provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is nfirm that the limited liability
	•	2815
īf Ci	nanging Registered Agent, <u>S</u>	lenature of New Registered Agent
		Si
Dog.	e 1 of 3	

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
Ambr	Marilia Dunel	k	☐ Add
		1180 NW 45th teri	Laudahill Remove
			☐ Change
			
			□ Remove
			Change
			Add
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ective date, if oth	er than the date of fili	ing: 7/10	115	(optional)	
i effective date is listed	d, the date must be specific a ted in this block does not	ing cannot be prior to date:	or ming or more man	90 days after filing. ements, this date) Pursuant to 605.020 will not be listed as
cument's effective d	ate on the Department of	f State's records.			
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he 90th day aft	er the record is filed	d.	mective time, a	IL 12.01 8.III.	on the comer t
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	Signature of	a member or authorized n	epresentative of a mer	: (7)	2
	Signature of	a member or authorized r	epresentative of a mer	mber SCRET	
	Signature of	a member or aethorized re	unelle	CRETAR	
	Signature of	arren D	unelle	CRETARY OF	
	Signature of	arren D	unelle e of signee	CRETA	