

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L15000206152

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000002618 3)))



H170000026183ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PRIME KEYS SOLUTIONS, LLC
Account Number : I20140000094
Phone : (305)856-6121
Fax Number : (305)856-6122

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: osantini@bellsouth.net

RECEIVED
2017 JAN -4 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRIPLE TREE LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FILED
2017 JAN -4 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALLY

JAN - 5 2017

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2017 JAN -4 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRIPLE TREE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/10/15 and assigned
Florida document number L15000206152

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TRIPLE R PLATINUM LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

928 Two Notch Road
Aiken, North Carolina
29803

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

928 Two Notch Road
Aiken, North Carolina 29803

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 here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City Florida 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>	<u>Address</u>	<u>Type of Action</u>
Mgr	Roberto Civita	Unit 503, Cyan at Ocean club	<input type="checkbox"/> Add
		Paradise Islands, Bahamas	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Richard Civita	928 Two Notch Road	<input checked="" type="checkbox"/> Add
		Aiken, North Carolina 29803	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 JAN - 4 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
2011 JAN -4 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated October 27 2016



Signature of a member or authorized representative of a member

Richard Civita

Typed or printed name of signer