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SECRETARY OF STATE

APROS 2016 I. HARRIS

COVER LETTER

Div	ision of Cor	porations		•
eun ince		pital Group, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	·
Please return	all correspo	ndence concerning this matter	to the following:	
		C. Popham Decunto, Esqu	ire	
Durant, Schoeppel, Decunto & Ratch			to & Ratchford, P.A.	
			Firm/Company	
	6550 St. Augustine Road, Suite 105			
			Address	.
	Jacksonville, FL 32217			
		pdecunto@ds-law.net	City/State and Zip Code	
		-	to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
C. Popham I	Decunto		904 652-2600 at ()	
Name of Person		Area Code Daytime	Telephone Number	
Enclosed is a	i check for th	ne following amount:		
\$25.00 F	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)
		ING ADDRESS:	STREET/COURIE	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Triangle Capital Group, LLC		
(Name of the Limited Liability Compan (A Florida Limited Liability)	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on January 6, 2016	and assigned
Florida document number L16000004075		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u>	<u>ity company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		de company
(Principal office address MUST BE A STREET ADDRESS)		产品 中
	<u></u>	5
		P. 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		20 5
		ORATE S2
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		iter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

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
MGR	Shaun Aure		Add
•			Remove
			■ Change
MGR	Nilay Nahar		Add
			☐ Remove
			■ Change
MGR	Dinesh Jayadevappa		Add
			□ Remove
			Change
			Remove
			Change
		*****	Add
			Remove Change Ch
			TURemove U

	, they are each inc	mbers of the LLC	2. Titis is a Michie	er manageu LLC i	ot a Manager	
managed LLC.						-
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ective date, if other than effective date is listed, the date: If the date inserted in trument's effective date on record specifies a delate 90th day after the	te must be specific an his block does not a the Department of a ayed effective	d cannot be prior to meet the applicat State's records. date, but not	date of filing or models that the statutory filing	requirements, this	filing.) Pursuant to 60: date will not be list	ed a
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