## L16000023947

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to		
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## **COVER LETTER**

Division of Corp	oorations		
Tristis Techr	nologies LLC		
5000C1.	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Jeremy Joseph		
		Name of Person	
	Tristis Technologies		
		Finas/Company	
	5840 Red Bug Lake Rd #24	0	
		Address	
	Winter Springs, FL 32708		
		City/State and Zip Code	
	mail@tristis-tech.com		
	E-mail address: (to	be used for future annual report notific	cation)
For further information co	ncerning this matter, please cal	l:	
Jeremy Joseph		407 242-9273	
Name of	Person	at ( ) Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 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:

TO:

**Registration Section** 

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

Tristis Technologies LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<u> </u>	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000023947}{L16000023947}$ .	were filed on February 3, 2016	and assigne	æd
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	**
Enter new principal offices address, if applicable:	5840 Red Bug Lake Road #240		
(Principal office address MUST BE A STREET ADDRESS)	Winter Springs, FL 32708		
Enterness welling address if applicables	5840 Red Bug Lake Road #240		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Winter Springs, FL 32708		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:		er the name of t	the ne
New Registered Office Address:	Enter Florida street address		No. of the last of
	Florida		
	City	7.ip 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
VP	Daniel Richardson	2107 El Campo Ave	<b>⊒</b> Add
		Deltona, FL 32725	☐ Remove
			☐ Change
			Add
			□ Remove
			Change
	<del></del>		□ Add
			Remove
			Agd
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change

Signature 1

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Filing Fee: \$25.00