

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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EPGD ATTORNEYS AT LAW, P.A.

Account Number : 120140000049

Phone Fax Number : (786)837-6787 : (305)718-0687

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

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRI SOLUTIONS GROUP LLC

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## COVER LETTER

Division of Cor				
SUBJECT: TRI SOLU	TIONS GROUP LLC			
Name of Limited Liability Company				
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Eric P. Gros-Dubois			
		Name of Person		
	EPGD Attorneys at Law, P	<b>A.</b>		
		Firm/Company		
	2701 Ponce de Leon Blvd.	, Suite 202		jant.
		Address	<u>,</u>	
	Coral Gables, FL 33134			
		City/State and Zip Code		
	eric@epgdlaw.com			
	•	to be used for future annual report notific	ation)	
For further information co	oncerning this matter, please ca	ıll:		
Eric P. Gros-Dubois		786 8376787	in the	
Name of	Person		elephone Number	
Enclosed is a check for th	e following amount:	Earl 1	9	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cl \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional capy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahasses, FL 32314

STREFT/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TRI SOLUTIONS GROUP LLC

334

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limb	ied Linbility Company as it n (A Florida Limited Liability C	ow appears on our records. ompany)	
The Articles of Organization for this Limited L Florida document number L16000051081	•	ed on 03/11/2016	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability con	npany here:	
The new name must be distinguishable and contain the vector new principal offices address, if application of the contain the vector new principal office address MUST BE A STREET	able:	any," the designation "LLC"	or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	andra Silp Andra Silp	
B. If amending the registered agent and/ registered agent and/or the new registered of		dress on our records,	enter the name of the new
Name of New Registered Agent:	EPGD Attorneys at Law	<b>∜Р.А.</b>	
New Registered Office Address:	2701 Ponce de Leon Biv	vd., Suite 202	
		Enter Florida street address	· ·
	Coral Gables	, Flor	lda <u>33134</u>
	City	<del></del>	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

Page 1 of 3

# If amending Authorized Person(s) authorized to manage, enter the tille, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Bertrand, Fernando	3650 NW 82 Ave Suite 404	
		Doral, FL 33166 UN	■ Remove
			Change
AMBR	PREMIER MARKETING SS L+dQ	AV PEDRO II, Rio de Janeiro	
		RJ 20941-090 BRAZIL	Remove
		ú.	Change rank
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