# 116000079986

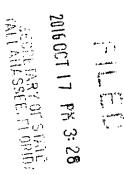
(Re	questor's Name)			
(Ad	dress)	<del></del> .		
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PICK-UP	. WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
Sign	····			

Office Use Only



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K. SALY OCT 17 2016



### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 1, 2016

WAYNE TALAMAS 3916 PALMARITO ST. CORAL GABLES, FL 33134

SUBJECT: TRIPPLEJ DORAL LLC

Ref. Number: L16000079986

We have received your document for TRIPPLEJ DORAL LLC and your checked totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The documents submitted are incomplete. Please complete one and resubmit for filing. The amendment will work for any changes. The change of registered agent form can also be used to change the principal and mailing and registered agent.

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 516A00018650

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## **COVER LETTER**

TO: Registration Section Division of Corpo		<b>v</b> ***		
SUBJECT:	ripple Name of Limite	ed Liability Company		
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return all correspondence concerning this matter to the following:				
	Wayr	e alamas Name of Person		
	391	Firm/Company  Gamar + 7  Address	Street	
	Coral	Gables F	<u>C 33134</u>	
	E-mail address: (to	City/State and Zip Code  MAS DS UDA (PACK)  be used for future annual report notific	X-Cow eation)	
For further information concerning this matter, please call:				
Name of I	Knis H	at (786) 703 Area Code Daytime	Telephone Number	
Enclosed is a check for the	following amount:			
\$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 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

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. Name of the limited liability company: Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 3. the Florida Dept. of State: Registered Agent and Registered Office shown on the records of Registered Office Address (b) **NEW** Registered Office Address: If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Printed or typed name of signee Signature of a member or authorized representative of a member 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.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent