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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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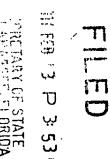
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Office Use Only



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S Warren

FEB 14 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Triple Gee Truck Repair LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gary Ingleton, Sr.
Triple Gee Truck Repair LLC
17707 NW Miami Court, Unit 110-2
Miami, FL 33169 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gary Fragle ton at 305, 1788-4279 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Lia	ability Company as it now appears or ordina Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabilit	y Company were filed on/	
This amendment is submitted to amend the following	y :	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company,* the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a	8	ır records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	r Ch	, Florida
	City	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 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
<u>ambr</u>	Gary Ingleton	JIY SE Karrigan Terr Port St. Lucie, FL 34983	EAdd
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	of filing:	(optional)
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