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### **COVER LETTER**

Div	ision of Corp	oorations							
SUBJECT:	TRI-STRENGTH DEVELOPMENT, LLC  Name of Limited Liability Company								
SOBJECT.									
The enclosed	I Anicles of A	Amendment and fee(s) are subr	nitted for filing.						
Please returr	all correspor	ndence concerning this matter t	to the following:						
		Marcelo S Brandao							
	Name of Person								
HNO Enterprises, LLC  Firm/Company  14947 Hawksmoor Run Circle									
					Address				-
					Orlando, FL 32828				
	<del></del>								
marcelo@msbinternationalsolutions.com									
		E-mail address: ()	to be used for future annual report notific	ration)					
For further i	nformation co	oncerning this matter, please ca	all:						
Marcelo S I	Brandao		407 \$64-4590 at ()						
_	Name of	Person	Area Code Daytime	Telephone Number					
Enclosed is	a check for th	e 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:

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

## TRI-STRENGTH DEVELOPMENT, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/27/2017}{1}$ and assigned Florida document number $\frac{1.17000022515}{}$ This amendment is submitted to amend the following: 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 designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 3 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_

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>	<u>Address</u>	Type of Action
AMBR	Project Advisory Partners LLC	106 Madrid Drive	■ Add
		Casselberry, FL 32707	□ Remove
			Change
AMBR	I B A EXPRESS, INC.	7061 Grand National Dr. #106	■ Add
		Orlando, FL 32819	□ Remove
			☐ Change
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September 5th	2017	
is land	182	A: 29
Signa	iture of a member or authorized representative of a member	S S
Marcelo S Brandao	Typed or printed name of signee	21.7 O
	Typed or printed name of signee	PH 2:
	Page 3 of 3	်င်း <b>က</b> ကော

Filing Fee: \$25.00