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SECRETARY OF STATE
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D. SCOTT MAY 12 2017

## **COVER LETTER**

TO: Registration Section Division of Corpor			•
SUBJECT:T	nnity Bpo	ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Katie	clany	
		Name of Person	
•	Triruty	BPO LLC Firm/Company	<del></del>
	3921 NW	126th Ave	
	Coral s	<u>'</u>	33065
-	E-mail address: (i	City/State and Zip Code	tification)
For further information conce	erning this matter, please ca		
Katie Clo	any	at (617) 513-	ne Telephone Number
wante of res		Med Code Dayin	<b>三</b>
Enclosed is a check for the fo	ollowing amount:		三 三 一
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

mnity '	BPO, LLL	
( <u>Name of the Limited Liabi</u> (A Floric	ility Company as it now appears on our records.) da Limited Liability Company)	•
The Articles of Organization for this Limited Liability  Florida document numberL170003143  This amendment is submitted to amend the following:	Company were filed on 02.08.17	and assigned
A. If amending name, enter the new name of the lin	nited lighility gompany haras	
A. If amending name, enter the new hame of the mi	mred nabinty company nere:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
muting uturess MATT BLATTOST OFFICE BOA		
B. If amending the registered agent and/or registered agent and/or the new registered office adented agent and/or the new registered office adented agent and/or the new registered Agent:	istered office address on our records, <u>enter the</u> dress here:	ne name of the new
New Registered Office Address:		Z10 5
	Enter Florida street address	
	, Florida	7 (n Code) = -
New Registered Agent's Signature, if changing Register	•	Zip Gode
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, and I am far agent as provided for in Chapter 605, F.S. Or, if red office address, I hereby confirm that the limit	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	CCP Holdings	3921 NW 126th St	□ Add
<del></del> _		2921 NW 126th St Coral Springs, FL	33005 Remove
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ectiv	ve date, if other than the date of filing: DENDENTO 03.07.17 (optional)
effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing:) Pursuant to 605.0
	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nt's effective date on the Department of State's records.
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
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ted	05.10.
	gum clany
	Company Company of the state of
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00