

6/26/2017

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L17000045342**

**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.**

((H17000168572 3)))



H170001685723ABC4

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : THERREL BAISOEN, LLP  
Account Number : 120140000065  
Phone : (305)371-5758  
Fax Number : (305)371-3178

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

Email Address: MHasner@Therrelbaissen.com

2017 JUN 26 AM 9:32  
TALLAHASSEE, FLORIDA  
FILED

RECEIVED  
2017 JUN 26 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
THREE M INVESTMENT GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

JUN 27 2017  
J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

H170001685723

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THREE M INVESTMENT GROUP, 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:

MARK M. HASNER

Name of Person

THERREL BAISDEN, LLP

Firm/Company

1 S.E. THIRD AVENUE, SUITE 2950

Address

MIAMI, FL 33131

City/State and Zip Code

MHASNER@THERRELBAISDEN.COM

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK M. HASNER

305 371-5758

at ( )

Name of Person

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

H17ADD1685723

H 17000 1685 12 3

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THREE M INVESTMENT GROUP, 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 3/1/17 and assigned  
Florida document number L17000045342.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TRIPLE M INVESTMENT GROUP, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
2017 JUN 26 AM 9:32  
SOUTHERN FLORIDA  
FALL ARLANDSSEE FLO 100

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

City

Florida

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

H 17000 1685 12 3

H 17000 168572

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILE  
2017 JUN 26 AM 9:32  
SOUTH  
FALLAHASSFF  
100102

H 17000 1685723

MI 1000 1009 14.3

D. If amending any other information, enter change(s) here: *(attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated JUNE 25, 2017

Signature of a member or authorized representative of a member:

MARK M. HASNER, Authorized Representative

Typed or printed name of signee

FILED  
2017 JUN 26 AM 9:32  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

11 \_\_\_\_\_ 2