# 1180000 29445

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Se Division of Cor		, y	•
SUBJECT: YY	ple J Freia Name of Lim	nt Enterpris	<u>es</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jose	Silva Guer	(C
	Triple J	Freight Ent	resprises
	7113 Pen	der way	<del></del>
	Orlando	FL 32822 City/State and Zip Code	
	JCSG201104a	hoo. es to be used for future annual report no	onfication)
For further information co	oncerning this matter, please ca		
Jose Silva	OULYA	at ( <u>407</u> ) <u>713 -</u> Area Code Dayti	5992_ me Telephone Number
Enclosed is a check for th	oc following amount:		
<b>5</b> \$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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Triple Treight Ex (Name of the Limited Hiability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000029445</u> .	were filed on O2/O1/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:	ity Company," the designation "LLC" or the abbreviation "LLC."
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32822 .0
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	7113 Pender Way 55
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on our records, <u>enter the name of the new</u> e:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zin 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u> </u>	Silva, Gleinny	7950 Bear Claw Run	D Add
		7950 Bear Claw Run Orlando, Fl 32825	<b>⊠</b> Remove
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		Married Street, Married Street	
			□ Remove
		<del></del>	Change
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fan effec <u>Note:</u> H	e date, if other than to ive date is listed, the date in the date inserted in this t's effective date on the	must be specific and ca block does not mee	nnot be prior to date it the applicable sta	of filing or more than	90 days after filing ) Pur	suant to 605,0207 not be listed as
ne reco The 9	rd specifies a delay Oth day after the r	ed effective dat ecord is filed.	e, but not an e	effective time, a	at 12:01 a.m. on	the earlier of
Dated _	4/4/19			<i></i>		
	•		180			
			المستعلا سيرس			
		Signature of a mer	nher or authorized re	epresentative of a me	mber	

Page 3 of 3

Filing Fee: \$25.00