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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL : + 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Trune Courier Services 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:
Nichole Blake-Litle Name of Person
TYTUNE COUNTRY SEVVICES, LLC Firm/Company
2578 Hrmerick Cly Address
Grand Island Fl 32735 City State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Solution Status Solution Status Solution Solution Solution Status Solution Status Solution Solution Status Solution Solu

#### 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

Triune Comer Services, LLC	
Triune Couner Services, LLC (Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L18000123958</u> .	المالية المساهم
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
Tri une Enterprise. LLC The new name must be distinguishable and contain the words "Limited Liability Company	-1.0 <b>7.</b> 0
The new name must be distinguishable and contain the words "Limited Liability Company	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	SSE 5 m
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Enter new mailing address, if applicable:	DRIE 19
(Mailing address MAY BE A POST OFFICE BOX)	
transmit dearch mile ben't do to trade bony	
B. If amending the registered agent and/or registered office addressed agent and/or the new registered office address here:	ess on our records, enter the name of the new
	/
Name of New Registered Agent:	
New Registered Office Address:	
En	ter Florida street address
	, 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

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 Type of Action Address **Title** Name Nichole Blake-Little 2578 limerick Cir Made MGR Grand 151and, F 32735 - Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove 8 □ Change ☐ Remove \_ Change □ Add ☐ Remove

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f an effective o Note:		te must be specif his block does	fic and cannot not meet the	applicable s		e than 90 days a	ptional) fler filing.) Pursuant to 60 this date will not be lis	
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Filing Fee: \$25.00