# 11800131273

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# **COVER LETTER**

SUBJECT: Tripole Tail Properties Name of Limited Hability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Cocky Modely Name of Person	
1926 Happanene	
Tallahessee Talla 32301	
Coly & Fish naidouisisuacous  E-mail address: (to be used for future annual report notification)	/
For further information concerning this matter, please call:    Coc	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Sol	

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

	nited LiabNity Company)	76.48
The Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
Florida document number \ 18000 131273		
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 desi	gnation "LLC" or the abbreviation_"L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s&gt;</u>	16.5
	<del></del>	
		72. 3
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		58. L
	<del></del>	
B. If amending the registered agent and/or registered	ed office address on o	our records, enter the name of the ne
registered agent and/or the new registered office address	here:	
Name of New Registered Agent:		
N. D. L. JOPP. Address.	,	
New Registered Office Address:	Enter Florida	a street address
	City	Florida Zip Code
Non-Donistand Anath Simuton if donning Davistand A	•	TAP SAME
New Registered Agent's Signature, if changing Registered A		
I hereby accept the appointment as registered agent and		
provisions of all statutes relative to the proper and compacept the obligations of my position as registered agen		

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability

company has been notified in writing of this change.

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
MBR	Paul Williams	164 Country Club K Crawfordville FL	D□ Add
		Crawfordville FL	II Remove
		32327	
			□ Remove
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If an effe <u>Note:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated <sub>.</sub>	1000ctober 117 2019
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00