418000776597

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Amend

JUN 1 2 2019 LALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations TRIPLE KILL, LLC SUBJECT: _ 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: Matthew Grosswald, Esq. Name of Person MNG Law Group, PA Firm/Company 10100 W. Sample Road, 3rd FL Alldress Coral Springs, FL 33065 City/State and Zip Code matthew@mnglawgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 954 671-5059 Matthew Grosswald Daytime Telephone Number Name of Person Área Code Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIPLE KILL, LLC

(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor L18000276597	mpany were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registeregistered agent and/or the new registered office address. Name of New Registered Agent: New Registered Office Address:	office address on our records, enter the name of the news here:
	City Zip Code
New Registered Agent's Signature, if changing Registered a	Agent:
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with the oplete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is office address. I hereby confirm that the limited liability
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CASEY C LEZELL	3103 TUSCANY WAY	
		BOYNTON BEACH, FL 33435	
			■ Remove
			□ Change
MGR	ROSEANN K SIMOVITCH	3103 TUSCANY WAY	
	-	BOYNTON BEACH, FL 33435	
			■ Remove
			□ Change
MGR	ROSEANN K LEZELL	3103 TUSCANY WAY	
MAN			∃ Add
		BOYNTON BEACH, FL 33435	
			☐ Remove
			□ Change
			
			☐ Remove
			Change
			_
			□ Remove
			Change
			☐ Remove
			a remove
			Change
			u change

D. If amending any other infor	mation, enter change(s) her	e: (Attach additional sheets, if necessary.)
		·····
_		
		<u> </u>
·		
E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and cannot be prior s block does not meet the applic	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(1) able statutory filing requirements, this date will not be listed as the
If the record specifies a dela (b) The 90th day after the	yed effective date, but no record is filed.	ot an effective time, at 12:01 a.m. on the earlier of:
MAY 22 Dated	2019	
	Medican	
		orized representative of a member
BRYAN I, PETER:		Industrial Control of
	Typed or print	ed name of signee

Page 3 of 3

Filing Fee: \$25.00