

L18000276597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

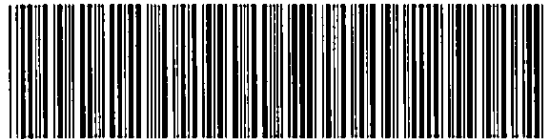
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/28/19- -01007--026 **25.00

2019 JUN 13 PM 1:13

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Amend

JUN 12 2019

1 ALBANY

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

Address

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:

Matthew Grosswald

954 671-5059

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

TO
OF
OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Civ

Florida

Zip Code

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.

Page 1 of 3

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>
MGR	CASEY C LEZELL	3103 TUSCANY WAY	<input type="checkbox"/> Add
		BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROSEANN K SIMOVITCH	3103 TUSCANY WAY	<input type="checkbox"/> Add
		BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROSEANN K LEZELL	3103 TUSCANY WAY	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH, FL 33435	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated MAY 22, 2019.

A. Peterson

BRYAN L. PETERSON

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Filing Fee: \$25.00