L19000122019

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COVER LETTER

(O: Registration S Division of Co			· \$
Tyler Trip	lett LLC		, ,
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Tyler Triplett		
	Tyler Triplett LLC	Name of Person	
	902 LEE BLVD	Firm/Company	
	Lehigh Acres FL 33936	Address	
	Tyler@Triplett.properties	City/State and Zip Code	
For further information of	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report notifi all:	cation)
yler Triplett 239 850-6602			
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
3 \$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 enclose
			(addittonal copy is en

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

AKTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

491251 / 2D /	201	9	SED	27	,
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Tyler Triplett LLC		
(<u>Name of the Limited I</u> (A l	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on 5-6-19	_and a
lorida document number <u>L1900122</u>	0/9	
his amendment is submitted to amend the following	ng:	
. If amending name, enter the new name of the	e limited liability company here:	
he new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbre	eviation "I
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	
If amending the registered agent and/or egistered agent and/or the new registered office	registered office address on our records, enter the address here:	<u>e name</u>
Name of New Registered Agent:		
Navy Business of Office Address		
New Registered Office Address:	Enter Florida street address	
	, Florida	
-	City	l l
		Zip Code
ew Registered Agent's Signature, if changing Regi	stered Agent:	Zip Code
rovisions of all statutes relative to the proper a ccept the obligations of my position as register	gent and agree to act in this capacity. I further agree and complete performance of my duties, and I am fan red agent as provided for in Chapter 605, F.S. Or, if istered office address, I hereby confirm that the limit	niliar wi this doc
hereby accept the appointment as registered agree rovisions of all statutes relative to the proper accept the obligations of my position as register eing filed to merely reflect a change in the regi	gent and agree to act in this capacity. I further agree and complete performance of my duties, and I am fan red agent as provided for in Chapter 605, F.S. Or, if istered office address, I hereby confirm that the limit	niliar wi this doci
hereby accept the appointment as registered agreeing to the proper a covisions of all statutes relative to the proper accept the obligations of my position as register eing filed to merely reflect a change in the regi	gent and agree to act in this capacity. I further agree and complete performance of my duties, and I am fan red agent as provided for in Chapter 605, F.S. Or, if istered office address, I hereby confirm that the limit	niliar v this do ed liah

<u> </u>	<u>Name</u>	<u>Address</u>	Туре
AMBR	Nelyda Cisneros	857 Evanston st E Lehigh Acres FL 33974	BA
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			R
			c

Nelyda Cisneros is to be	added to the LLC	as 40% Ownershi	ip		
			<u></u>		
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			<u> </u>		
	 				
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	<u> </u>	<u>-</u>			
 	 				
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		May 1st 2019	 .		
fective date, if other than an effective date is listed, the dat	the date of filing			(ор	tional)
an effective date is listed, the dat ote: If the date inserted in the ocument's effective date on the ocument of the date on the ocument of the date on the ocument of the ocument ocument of the ocument ocum	is block does not n	neet the applicable			
e record specifies a dela The 90th day after the	yed effective of record is filed.	date, but not a	in effective tir	ne, at 12:01	a.m. on the
May 1st		2019	/		
ated		,	. /		
		11/	1/2		
			<u>v. </u>		
	Signature of a 1	member or authorize	ed representative o	f a member	
 .	Signature of a i	member or authoriz	ed representative o	f a member	

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Filing Fee: \$25.00