# L240007209245

(Requestor's Name)
(Address)
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### **COVER LETTER**

TO:	Registration Se Division of Cor					
SUBJI	ecr.	RAP TRIDITY Name of Line	1 LLC			
SUBJI		Name of Lie	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please	return all correspo	indence concerning this matter	to the following:			
		GRIZE	Name of Person			
			Name of Person			
QFB TRIDITY LLC.						
Firm/Company						
8205E 15t PLACE						
		Address				
		Hinker	HirkEAH, FIA 37010  City/State and Zip Code			
		E-mail address: (to be used for future annual report notification)				
For fur	ther information c	oncerning this matter, please c	all:			
	GR18 E	L BARBEITE	at (30 ) 479-	9929		
	, and		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Enclos	ed is a check for th	ne following amount:				
□ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our recorda Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	y Company were filed on	and assigned
Florida document number	·	
This amendment is submitted to amend the following	:	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registe agent and/or the new registered office address her		er the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street ada	lress
_	,	FloridaZip Code
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JORGE BARBEITE	820 5E 1 = PLACE	DPAdd
		HIALEAH. F1 33010	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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		- <del></del>	□Remove
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			□ Chunan

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D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:
	cord 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	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00