L61810

(Requestor's Name)
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JAN 1 1 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Triangle	tuto and Tive Service Inc.
DOCUMENT NUMBER: LUBIO	
The enclosed Articles of Amendment and fee are su	bmitted for tiling.
Please return all correspondence concerning this ma	tter to the following:
Louis	Llevenz Name of Contact Person
Triangle A	
1510 N. Sy	Kes Creek Pky Address
Merritt 151	end . U. 32952 City/ Staward Zip Code
Trunde Auto 1 E-mail address: (to be us	ECFL. RR. Comsed for future annual report notification)
For further information concerning this matter, plea-	se call:
Louis Llerena	at (321) 453 - 23 ∞ Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address Amendment Section
Amendment Section Division of Corporations	Amenament Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

(Name of Corpor	L61810	** ************************************	K T TOT KILL TO COL	<u>or totate</u>)			
(Do	cument Number of	of Corporation	(if known)	•			
Pursuant to the provisions of section 607,1006, Flo its Articles of Incorporation:	rida Statutes, this	Florida Profi	Corporation ado	pts the fo	llowing an	nendme	ent(s
A. If amending name, enter the new name of the	e corporation:						
name must be distinguishable and contain the word		•	**************************************		The		
"Inc.," or Co.," or the designation "Corp," "It "chartered," "professional association," or the ab	og," or "Co", obreviation "P.A.	4. professiona					
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A) . 	19	
	· .:		ics.			030	7
C. Enter new mailing address, if applicable:	páy.				<u>.</u>	က်	
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOA</u> / ,					- 32	C
						27	
D. If amending the registered agent and/or reginew registered agent and/or the new register			a, enter the name	of the			
Name of New Registered Agent							
	(Florida st	reet address)					
New Registered Office Address:			<u> </u>	:lorida			
		(City)			(Zip Code	,	

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P President: V = Vice President: T - Treasurer; S = Secretary; D = Director; TR - Trustee; C = Chairman or Clerk; CEO - Chief Executive Officer; CFO - Chief Financial Officer, If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe. PT as a Change. Mike Jones. V as Remove, and Sally Smith. SV as an Add.

X Change		
	PT John Doe	
X Remove	Y Mike Jones	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	V Louis Llerena	1422 Victoria Blod
X Add		nakledge, fl. 32955
Remove	9 7 10 11	2021 V 1
2) Change Add	Daniel Crabbs	2821 Keynon Ave Cocos, pr 329210
Remove 3) Change		
Add		
Remove		
4) Change		
Add		
Remove 5) Change		
Add		
Remove		
6) Change		
Add		
Remove		
	Page 2 of 4	

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate NA)		
(if not applicable, matcale N/A)		
(if not applicable, matcale N/A)		
(if not applicable, matcale N/A)		
(if not applicable, maicale N/A)		
(if not applicable, indicate NA)		
provisions for implementing the amendme	ent if not contained in the amendment itself:	
16		
		
		_
		
		_
		_
		

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes east for the amendator approval.	ment(s)
	by the shareholders through voting groups. The following stating group entitled to vote separately on the amendment(s).	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and share	cholder
action was not required.	the incorporators without shareholder action and sharehold	ler
Dated /2/4/	/9	
Dated /2/4/ Signature	1 m 7 hay	
selected, by an	president of other officer – if directors or officers have not a incorporator – if in the hands of a receiver, trustee, or othe ciary by that fiduciary)	
	Tarcvs Herman (Typed or printed name of person signing)	
	President	
(Title o	of person signing)	