## P12000096732

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SECRETARY OF STATE
TALL AHASSEE, FLORID,

C. LEWIS SEP 27 2013 EXAMINER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: TRIPLE N	MARKETING			
DOCUMENT NUM	BER: P1200009673	2			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this mat	tter to the following:			
	MELISA HOWE				
		Name of Contact Person	1		
	TRIPLE N MARKETING				
	Firm/ Company				
3705 S LAKE ORLANDO PKWY, ORLANDO FL 32808					
		Address			
	ORLANDO FL. 3	2808			
		City/ State and Zip Code	•		
	المحسم همينا				
<u>me</u>	elisa.howe@gmail.				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
MELISA HO	WE	at (407	719-7375		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ma	iling Address	Street	Address		
Amendment Section		Amendment Section			
	rision of Corporations	Division of Corporations			
P.O. Box 6327		Clifton Building			
lai	lahassee, FL 32314		xecutive Center Circle assee, FL 32301		

## **Articles of Amendment Articles of Incorporation** of

FILED 13 SEP 20 AM 9: 31

## TRIPLE N MARKETING, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000096732

\*\* \*\*

mendment(s) to

(Docume)	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation 8	dopts the following amendm
A. If amending name, enter the new n	ame of the corporation:		
			The nev
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associates."	nation "Corp," "Inc," or "C	o". A professional corpor	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3705 S LAKE ORL	ANDO PKWY
		ORLANDO FL.	32808
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3705 S LAKE ORL	ANDO PKWY
		ORLANDO FL.	32808
D. If amonding the maintained annut and		- In The state of the state of	
D. If amending the registered agent ar new registered agent and/or the ne	w registered office address:	ss in Piorida, enter the na	me or tne
Name of New Registered Agent	MELISA HOWE		
	3705 S LAKE OF	RLANDO PKWY	_
	(Florida stree	t address)	-
New Registered Office Address:	ORLANDO	, Florida	32808
	(City)		(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:		
I hereby accept the appointment as regis		th and accept the obligation	ns of the position.
	A		
Si	gnature of New Registered Ag	ent, 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>P</u>	MELISA HOWE	3705 S LAKE ORLANDO PKWY, ORLANDO FL 32608
X Add			
Remove			
2) Change	<u>P</u>	NADIA HOWE	4743 LEGACY OAKS DR, ORLANDO FL 32839
Add			· · · · = · = · · · · · · · · · · · · ·
X Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

, 9	icles, enter change(s) here: (Be specific)
	PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADM
	<del></del>
	PARTITION AND A STATE OF THE ST
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
orovisions for implementing the ame (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	<u>.</u>
provisions for implementing the ame (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	12.000 0
Effective date if applicable:	13 SEP 20 AM 9: 31
(no more than	90 days after amendmen(file date)
	90 days after amendmen Gile date) ARY OF STATE TALLAHASSEE. FLORIDA
Adoption of Amendment(s) (CHECK ONE)	WILL FORING
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	he number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/w	ere sufficient for approval
by	.,
(voting group)	
☐ The amendment(s) was/were adopted by the board of director action was not required.	rs without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators wi action was not required.	thout shareholder action and shareholder
Dated 9/16/13	
Signature M. How	re_
	ficer – if directors or officers have not been the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciar	
	•
NADIA	HOWE
(Typed or	printed name of person signing)
ر. - د	
<i></i>	ESIDENT
(7	Title of person signing)