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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Dx	ocument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: ____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

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Articles of Am	iendment	100 19	
to			30 10
Articles of Inco	r por ation	1	7), 2),
Tris	Star (-ro.	up Enterprise	S. ING
(Name of Corporation as currently		pt. of State)	
	1000099723		
(Document Number of	Corporation (if known)		
ursuant to the provisions of section 607.1006, Florida Statutes, this F s Articles of Incorporation:	lorida Profit Corporation	adopts the following amendm	ent(s) to
. If amending name, enter the new name of the corporation:			
		The 'nev	id.
ame must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "C ord "chartered," "professional association," or the abbreviation "F	o". A professional corpo		
3. Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDRESS</u>)			
: Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		j 1	
 If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address: 		ame of the	Ì
Name of New Registered Agent			'
(Florida stree	et address)		
		Florida 1	
New Registered Office Address: 0	City)	, Florida <u>(Zip Code)</u>	
Law Dagistared Agant's Signature if shanging Degistared Agent.			
Sew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligation	ons of the position.	
Signature of New Re	gistered Agent, if changing		1
			1

address of each Officer (Attach additional sheet, Please note the officer/d P = President; V = Vice Executive Officer: CFO held, President, Treasur Changes should be note a change, Mike Jones le Mike Jones, V as Remov Example: X Change	s, if necess lirector title President = Chief F er, Directa d in the fol aves the co	ary) 2 by the firs 3 T= Treas 5 inancial O 6 in would be flowing man 6 orporation,	t letter of the office urer; S= Secretary fficer. If an office PTD, uner. Currently Jo. Sally Smith is nam	; D= Director; TR= T. r/director holds more i hn Doe is listed as the	than one title, l PST and Mike .	ist the first letter of Jones is listed as the	each office V. There is
X Remove	<u>V</u>	Mike Jone	<u>2\$</u>			•	
X Add	<u>sv</u>	Sally Smit	<u>th</u>				
Type of Action	Title	<u> </u>	<u>Same</u>		<u>Addres</u> s		1
(Check One)	Vρ	- <i>-</i>	Auna	Lahkyen	8575	BeachBl	
Add			ノ		Jack	SONUILL, F	132016
Remove							<u> </u>
2) Change							1
Add							1
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3) Change							_
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Remove							_
6) Change							_
Add							-
Remove							_ \

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

	onal sheets, if necessa	ary). (Be specifi	<i>c)</i>			
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provisions fo	nent provides for an or implementing the opticable, indicate N	e amendment if no	sification, or ca	ncellation of issu he amendment i	ied shares, tself:	

The date of each amendment(s) adoption: /0/26/17 if other than the	ne
date this document was signed.	
Effective date if applicable:	
(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.	ne
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10/26/17	
Signature (By/a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed of printed name of person signing)	
(Title of person signing)	