

L20000153503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

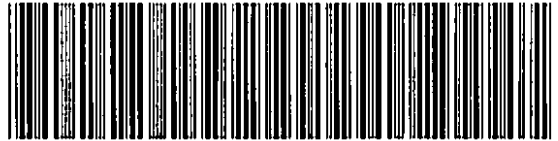
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600347718286

07/17/20--01002--002 \*\*25.00

2020 JUL 14 P 1:12

FILED

LLC  
Amend

JUL 20 2020

D CONNELL

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 7/14 Glinda

☐ **CERTIFIED COPY**

**xx** **PHOTOCOPY**

☐ **CUS**

**xx** **FILING**

LLC amend

1. TRUSHANI LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TRUSHANI LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/04/2020 and assigned  
Florida document number L20000153503

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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>      | <u>Address</u>    | <u>Type of Action</u>                   |
|--------------|------------------|-------------------|---|
| AMBR         | MARILYN QUINONES | 17093 SW 137TH LN | <input checked="" type="checkbox"/> Add |
|              |                  | ARCHER, FL 32618  | <input type="checkbox"/> Remove         |
|              |                  |                   | <input type="checkbox"/> Change         |
|              |                  |                   | <input type="checkbox"/> Add            |
|              |                  |                   | <input type="checkbox"/> Remove         |
|              |                  |                   | <input type="checkbox"/> Change         |
|              |                  |                   | <input type="checkbox"/> Add            |
|              |                  |                   | <input type="checkbox"/> Remove         |
|              |                  |                   | <input type="checkbox"/> Change         |
|              |                  |                   | <input type="checkbox"/> Add            |
|              |                  |                   | <input type="checkbox"/> Remove         |
|              |                  |                   | <input type="checkbox"/> Change         |
|              |                  |                   | <input type="checkbox"/> Add            |
|              |                  |                   | <input type="checkbox"/> Remove         |
|              |                  |                   | <input type="checkbox"/> Change         |
|              |                  |                   | <input type="checkbox"/> Add            |
|              |                  |                   | <input type="checkbox"/> Remove         |
|              |                  |                   | <input type="checkbox"/> Change         |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

**Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**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.

Dated July 14th, 2020

Typed or printed name of signee