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(Request	or's Name)
(Address)
(Address)
(City/Stat	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines:	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer
	J. C. S.
	R3C CI

Office Use Only



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2024 AUG 27 PM 1:19 SECRETARY OF STATE

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	Truvaneli,	LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Patti Lee Meeks		
		Name of Person	
	Truvaneli, LLC		
		Firm/Company	
	15451 NW 10th Ave		
		Address	
	Trenton, Fl 32693		
		City/State and Zip Code	
	pattileemeeks@icloud.com	to be used for future annual report no	difficution)
For further information o	oncerning this matter, please ca		Alleakin
Patti Lee Meeks		352 221-0170	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	aution
Registration S Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

s on our records.)		
lay 16, 2005	and assigned	
<u>re</u> :		
signation "LLC" or the abbrevia	tion "L.L.C."	
	2024 AUG	
	ILE 27	
		
# P		
cords, <u>enter the name of (</u>	he new register	
Enter Florida street address Florida		
	re: Signation "LLC" or the abbrevia Signation "LLC" or the abbre	

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	David P. Renaud	15451 NW 10th Ave	
		Trenton, Florida 32693	□Remove
			□Change
			🗀 Add
			□Remove
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eative data if ather than th	n dute of filing:			(anti-	anul)	
ective date, if other than the effective date is listed, the date mu	ist be specific and can	not be prior to da	ite of filing or mor	e than 90 days after	filing.) Pursuant to 6	05.02
te: If the date inserted in this butternent's effective date on the I			statutory filing	requirements, this	s date will not be h	sted .
	•					
cord specifies a delayed effecti	ve date, but not an	effective time,	at 12;01 a.m. or	the earlier of: (b) The 90th day af	ter th
s filed.						
Amount 10	-	กวง				
ed August 19	 ,					
Daring	P. 111	6				
- Ilitli -	Signature of a men	ber or authorize	d representative o	l'a member		
	-Company of the state of					
Patti Lee Meeks						

Filing Fee: \$25.00