L05000077427

(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

700183110047

07/12/10--01002--024 **25.00

FILED
2010 JUL 12 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUL 13 2010
EXAMINER

# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** Blueprint Properties LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Cole
Name of Person

Blueprint Properties LLC
Firm/Company

1000 South Pine Island Road Suite 210
Address

Plantation, Fl 33324
City/State and Zip Code

jwetcher@streamlinemgt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Cole at ( 954 ) 584-4700
Name of Person — Area Code & Daytime Telephone Number

Enclosed is a check for the 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:**
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2010 JUL 12 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Blueprint Properties 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 8/05/2005 and assigned Florida document number L05000077427.

This amendment is submitted to amend the following:

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

TruCapital LLC

The new name must be distinguishable and end with 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)***

c/o Streamline Management, Inc.
1000 S. Pine Island Road Ste. 210
Plantation, Fl 33324

**Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

c/o Streamline Management, Inc.
1000 S. Pine Island Road Ste. 210
Plantation, Fl 33324

**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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| Title | Name | Address | Date of Action |
|---|---|---|---|
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |

D. If amending any other information, enter changes(s) here: (Attach additional sheets, if necessary.)

Under penalties of perjury, I declare that I have examined this report and, to the best of my knowledge and belief, it is true, correct, and complete.

Signature of member or authorized representative of member

Typed or printed name of person signing

Page 2 of 2

Filing Fee: $25.00

FILED
2010 OCT 12 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA