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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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D. BRUCE
DEC 14 2009
EXAMINER

## **COVER LETTER**

Division of C	orporations			•	
SUBJECT:	Fu	Trust LLC			
	Name of Lim	ited Liability Company		-	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
		Nestor Copete		_	
		Name of Person			
	Fu Trust				
	Firm/Company				
	16	580 Royal Poinciana	Dr		
	Address				
		Weston Fl 33326		ANA THE	
		City/State and Zip Code		FILED ECII PH 3:, FIARY OF STALL HASSEE, FLORE	
	<u> </u>	cmteam1@gmail.com to be used for future annual rep	1		
		•	fort notification)	S S S	
For further information	concerning this matter, please	call:		I 6	
N	lestor Copete	at ( 305 )	3389026		
Name	e of Person		Daytime Telephone Numl	ber	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Certifi enclosed) Certifi	Filing Fee, cate of Status & ied Copy onal copy is enclosed)	
MAI	LING ADDRESS:	STREET/	COURIER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Taliahassee, FL 32314

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ı Trust LLC				
Company as it now appear mited Liability Company)	s on our records.)	· · · · · · · · · · · · · · · · · · ·		
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ess here:				
New Registered Office Address:  Enter Florida street address				
Til and Ja				
City	, Fioriua	Zip Code		
	company as it now appear mited Liability Company)  mpany were filed on  ed liability company here s "Limited Liability Company  ESSS)  red office address on o ess here:  Ent	company as it now appears on our records.) mited Liability Company) mpany were filed on		

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 Address Type of Action Title Name MGR David Lugo \_\_ Add ✓ Remove 16580 Royal Poinciana dr Weston FL33326.\_\_\_\_ David Lugo S 16580 Royal Poinciana dr ☐ Add Weston Fl 33326 ∇ Remove S Rosa Andraus **✓** Add 16580 Royal Poincnana dr Weston FI 33326 \_\_ Remove ☐ Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 08 2009 Dated \_\_\_ aums Signature of a member or authorized representative of a member **Nestor Copete** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00