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COVER LETTER

TO: Registration Section

Division of Corporations

TRU & Associates, 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:

Rosa Ordonez-Parodi

Name of Person

TRU & Associates, LLC

Firm/Company

1520 N. Powerline Rd.

Address

Pompano Beach, FL 33069

City/State and Zip Code

ordonez-parodi@ssi-gc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosa Ordonez-Parodi

954)647-0456

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

TRU & Associates, LLC	•		•	•	
(Name of the Limited Lin (A Flo	ability Compar orida Limited L	ny <mark>as it now appears or</mark> Liability Company)	our records.)		
The Articles of Organization for this Limited Liabi Florida document number <u>L10000024682</u>	lity Company	were filed on 03/04/	/2010	and assigned	
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	<u>e limited liab</u>	ility company here:			previation
N/A			•		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limi	ted Liability Company,	' the designation "I	LC" or the abbrev	iation
Enter new principal offices address, if applicable	e:	•		Fig 22	
(Principal office address MUST BE A STREET	<u>(ADDRESS)</u>	N/A			
				AH AH	 .
				SSE I	
Enter new mailing address, if applicable:	N/A	·	170 P		
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>				······································
•				33 23	
B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent:	registered of e address her Rosa Ordo	<u>e</u> :	records, enter 1	the name of the	new
New Registered Office Address:	N/A				
The Registered Office Address.		Enter I	Florida street add	ress	
			, Florida		
·	•	City		Zip Code	
New Registered Agent's Signature, if changing Reg	istered Agent:				
I hereby accept the appointment as registered a the provisions of all statutes relative to the prop accept the obligations of my position as register	er and comp	lete performance of n	ny duties, and I a	am familiar with	and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 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 Type of Action Title Name Address 1520 N. Powerline Rd. **MGRM** J. Thomas Bendekovic Pompano Beach, FL 33069 Remove Add Remove Remove

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la la C	0040	
July 5	2013	
	Signature of a member or authorized representative of a member of	per
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Filing Fee: \$25.00

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