## L1000055352

(Requestor's Name)				
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PICK-UP WAIT MAIL				
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SECRETARY OF STATE DIVISION OF CORPORATION

N. Cuttigen UCT 2 9 20101

## **COVER LETTER**

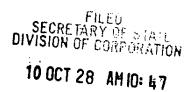
TO: Registration Sect Division of Corpo	orations	A				
SUBJECT:	TRUESE	T RESOURCES				
		ted Liability Company	· · · · · · · · · · · · · · · · · · ·			
	mendment and fee(s) are sub	_				
	TEW	ODROS HABTEMARIAN	1			
		Name of Person	<del></del>			
TRUESET RESOURCES LLC						
		Firm/Company	•			
9519 BAYTREE CT						
Address						
		TAMPA FL 33615				
	City/State and Zip Code					
TEDDYHHK2003@YAHOO.COM  E-mail address: (to be used for future annual report notification)						
For further information con	cerning this matter, please ca	_				
TEWODROS Name of P	S HABTEMARIAM erson	at ( <u>813)</u> Area Code & Dayt	7875935 ime 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



	SET RESOURCES L			
(Name of the Limited Li	ability Company as it now appeorida Limited Liability Company	ars on our records.)	<del></del>	
(// 1.	orida Emined Elabinty Company			
The Articles of Organization for this Limited Liab	ility Company were filed on	MAY 21,2010	and assigned	
Florida document numberL1000005538	52			
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liability company h	<u>ere</u> :		
	N/A			
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Com	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the	ne name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
-	E	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 Mémber being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** Address Title Name AZEB BEZABEH MGR 9519 BAYTREE CT ✓ Add Remove TAMPA FL 33615  $\square$  Add Remove ☐ Add Remove Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 10/27/2010 Dated \_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00