

L10000055352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

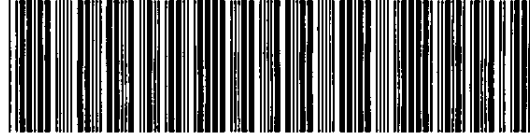
(Business Entity Name)

(Document Number)

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L10-55352
Amend

09/28/15--01046--022 **35.00

FILED
15 OCT 28 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 29 2015
N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUESET-RESOURCES L.L.C
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:

WULETA-KEBEDE

Name of Person

TRUESET-RESOURCES-LLC

Firm/Company

10810 - KEYS GATE DR.

Address

RIVERVIEW, FL 33579

City/State and Zip Code

Wuletakebede@gmail.com

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

For further information concerning this matter, please call:

WULETA-KEBEDE

Name of Person

at (813) 368-4562

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2015

WULETA KEBEDE
10810 KEYS GATE DRIVE
RIVERVIEW, FL 33579

SUBJECT: TRUESET RESOURCES L.L.C.
Ref. Number: L10000055352

We have received your document for TRUESET RESOURCES L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 915A00021229

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TRUESET RESOURCES L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned

Florida document number L100 000 55352

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

10810 KEYS GATE DR.
RIVERVIEW, FL 33579

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10810 KEYS GATE DR.
RIVERVIEW, FL 33579

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:

YARED MULATU

New Registered Office Address:

10810 KEYS GATE DR.

Enter Florida street address

RIVERVIEW, Florida 33579

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>TEWODROS-HABTE-MARIAM</u>	<u>9519-BAYTREE CT.</u>	<input type="checkbox"/> Add
		<u>TAMPA, FL 33615</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>AZEZB-BEZABEH</u>	<u>9519-BAYTREE CT.</u>	<input type="checkbox"/> Add
		<u>TAMPA, FL 33615</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>WULETA-KEBEDE</u>	<u>10810 KEYS-GATE-DR.</u>	<input checked="" type="checkbox"/> Add
		<u>RIVERVIEW, FL 33579</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AGENT</u>	<u>YARED-MULATU</u>	<u>10810-KEYS-GATE-DR.</u>	<input checked="" type="checkbox"/> Add
		<u>RIVERVIEW, FL-33579</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AGENT</u>	<u>ANEBESE-REBECA</u>	<u>8524-PALM-TRACE-DR.</u>	<input type="checkbox"/> Add
		<u>TAMPA, FL 33614</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA
TALLAHASSEE

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

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ALLAHASSE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____, _____

Waldz tebede

Signature of a member or authorized representative of a member

MULETA - KEBEDE

Typed or printed name of signee