

L11006004490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

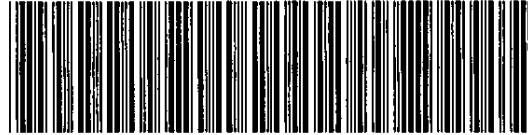
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 05 2015

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kalahari 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:

Manuel Gomez V

Name of Person

Firm/Company

2800 SW 129th AVE

Address

Miami Florida 33175

City/State and Zip Code

Gomez.Truxlife@gmail.com

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

For further information concerning this matter, please call:

Manuel Gomez V

Name of Person

at (305) 205-2371

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**TO
ARTICLES OF ORGANIZATION
OF**

Kalahari 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 _____ and assigned
Florida document number L11000004490

This amendment is submitted to amend the following:

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

Trunxlife LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2800 SW 129th Ave
Miami Florida 33175

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Kalahari LLC / Manuel Gomez V
2800 SW 129th Ave
Miami Florida 33175

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:

Manuel Gomez V

New Registered Office Address:

2800 SW 129th Ave Miami FL 33175

Enter Florida street address

Miami

Florida

33175

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Eduardo Polo	1460 NW 107th Ave "P"	<input type="checkbox"/> Add
		Miami Florida 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Manuel Gamez V	2800 SW 129th Ave	<input checked="" type="checkbox"/> Add
		Miami Florida 33175	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Samantha Galvez	8331 SW 37th ST	<input checked="" type="checkbox"/> Add
		Miami FL 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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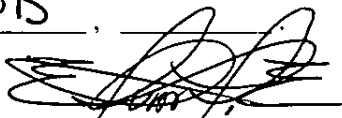
E. Effective date, if other than the date of filing: _____ (optional)

(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 July 29th 2015



Signature of a member or authorized representative of a member

EDUARDO E. POLO

Typed or printed name of signee

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