Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000185445 3)))



H240001854453ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ŧ	\sim	٠	
1	v		

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number : I19990000021 Phone : (904)356-2600

Fax Number : (904)355-0233

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRUFFLOR LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. LEMIEUX

JUN - 3 2024

Electronic Filing Menu

Corporate Filing Menu

Help

H24000185445 3

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF Trufflor 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 May 10, 2011 _ and assigned Florida document number L11000055471 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new tegistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida struet address

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

To:

H24000185445 3

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

Title	Name	<u>Address</u>	Type of Action
MGR	Scott St. Amand	501 Riverside Avenue	
		Suite 700	
		Jacksonville, Florida 32202	
MGR Harris L. Bonnette, Jr.	Harris L. Bonnette, Jr.	501 Riverside Avenue	
		Suite 700	
		Jacksonville, Florida 32202	□Change
			DRemove
			DChange
	Company of the Compan		□Add
			[] Remove
			□Change
			□ Rепюче
			OChange
			OAdd
			☐ Remove

H24000185445 3

_	
-	
-	
-	
-	
-	
_	
_	
_	
•	
_	
_	
lan effo <u>Note:</u> I	ve date, if other than the date of filing: clive 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 (a filing date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
tecord	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
d is file	
d is file	May 23, 2024.
•	SMM
•	May 23, 2024. Signature of a member or authorized representative of a member