112000098303

Office Use Only



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04/28/20--01013--012 **25.00

SECRETARY CORD

•	Murray M Brown LLC .				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	Murray Brown				
		Name of Person			
	13015 Biscayne Island To	Firm/Company	,,		
	·····				
	N Miami, FL33181	Address			
	vndetta@aol.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report no	tification)		
	concerning this matter, please c				
Dawn Greenberg		305 958-7602 at ()			
Name	of Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for	the following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addr</u> Registration		Street Address: Registration S	ection		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

Murray M Brown LLC		
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our ited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Comp Florida document number L12000098303	pany were filed on	20 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited		(m
Truss-T	llc	(Truss-T LLC
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		26
(Principal office address MUST BE A STREET ADDRES.	(2)	29 C 3
The state of the s	<u> </u>	7 A
		<u> </u>
		$i\hat{n}_{\ell}$
Enter new mailing address, if applicable:		AH C
(Mailing address MAY BEA POST OFFICE BOX)	<u></u>	0: 0 0::
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records,	enter the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florada stree	t 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 will 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 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>	Address	Type of Act
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			□Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to ote: If the date inserted in this block does not meet the applicab	date of filing or more than 90 days after filing.) Pursua	nt to 6
ocument's effective date on the Department of State's records.	e statutory trining requirements, this date will no	t oc n
record specifies a delayed effective date, but not an effective time is filed.	, at 12:01 a.m. on the earlier of: (b) The 90th of	day af
15th April 2020		
ated,		
Signature of a member or authori.	ed representative of a member	