113000041600

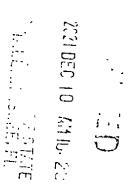
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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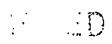
A. BUTLER
DEC 2 7 2021

COVER LETTER

	egistration So ivision of Co			
SUBJECT	_	Name of Existing LLC		
SOBJECT	•	Name of Lin	mited Liability Company	_
The enclose	ed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please retu	m all correspo	ondence concerning this matter	r to the following:	
		Thomas Reuther		
			Name of Person	
		Treuko 109th Terrace LL	С	
			Firm/Company	
		117 W 1st Ct		
			Address	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Miami Beach 33139		
			Address 139 City/State and Zip Code	
		threuther@yahoo.com		
		E-mail address: ((to be used for future annual report notification)	_
For further	information c	oncerning this matter, please c	call:	
Thomas Re	uther		305 9896943	
	Name o	f Person	at () Area Code Daytime Telephone Num	iber
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	icate of Status & ied Copy
	niling Addres gistration S		Street Address: Registration Section	
		orporations	Division of Corporations	
	O. Box 632		The Centre of Tallahassee	
Ta	Hahassee, F	L 32314	2415 N. Monroe Street, Suite	: 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Treuko 109th Terrace LLC

2021 DEC 10 AM 16-20

(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on ou lability Company)	records.) / STATE
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000041600</u> .	were filed on $\frac{03/20/2}{}$	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Treuko LLC The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Beach , 33139 (no change)
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	see above, no change	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
		Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my du rovided for in Chapte	ities, and I am familiar with and or 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
			Remove
			□ Change
			Remove
			Change
			□Add
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

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ffectiv	
an effe	ctive 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 605.020
an effe o <u>te:</u>	ctive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
an effe lote:	ctive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
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Filing Fee: \$25.00