

L14000173181

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LICENSES ETC INC
Account Number : I20070000159
Phone : (239)777-1028
Fax Number : (877)275-3593

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC 11 PM 3:40

FILED

RECEIVED

14 DEC 11 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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

Email Address: etc@licensesetc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TRUECORE CONSTRUCTION, LLC

Certificate of Status	0
Certified Copy	0
PageCount	07
Estimated Charge	\$25.00

2014

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TrueCore Construction, 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:

Lisa Adams

Name of Person

Licenses, Etc.

Firm/Company

886 110th Ave. N, Suite #6

Address

Naples, FL 34108

City/State and Zip Code

239-777-8321

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

For further information concerning this matter, please call:

Lisa Adams

at (239) 777-8321

Name of Person

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

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ARTICLES OF AMENDMENT (((H14000286563 3)))
TO
ARTICLES OF ORGANIZATION
OF

TrueCore Construction, 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 11/06/2014 and assigned
Florida document number L14000173181

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 end with 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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

I would like to amend the way my name appears with the Secretary of State.

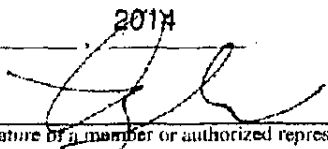
Currently, it shows my name as "Brian Soud", AMBR. Please note that Brian is my middle name and that I would like to update this so my name will read my my full legal name, "Christopher Brian Soud". Please keep all other information the same (my address, title, etc.) Thank you for your assistance.

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 11th

2014



Signature of a member or authorized representative of a member

Christopher Brian Soud

Typed or printed name of signee

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