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COVER LETTER"

TO: Registration Se Division of Cor			,
SUBJECT: Tru	vae on F	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Adorno-Cuni	Firm/Company Kell Auc, Stell Address	05
	1/2- (-)	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	ill:	
Men Due Name of	Person	at (305) 381- Area Code Daytime	7999 Telephone Number
Enclosed is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Truvae on Flager L	<u>'-</u> _
(Name of the Limited Limited Limited Limited Li	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L15000 1915 23</u>	vere filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile Truyae on Flager LL The new name must be distinguishable and contain the lords "Limited Liability ords".	
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 off registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Eyrer Florida street address
	, Florida
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 paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

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 _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change 나 본당 J ∺ 5 ☐ Change .

	ling any other information, enter change(s) here: (Attach additional sheet	- • • •	
			
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		<u>.</u>	
f an eifecti Note: If t locument	date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 the date inserted in this block does not meet the applicable statutory filing requirent's effective date on the Department of State's records.	nents, this date wi	ll not be listed as
	of specifies a delayed effective date, but not an effective time, at Oth day after the record is filed.	12:01 a.m. or	i the earlier o
ated	Murch 30 720/6		
	Signature of amember or authorized afresentative of a memb		in molarity
	Juan C. Escotet	APR	4 5
	Typed or printed name of signee	2007 上	*
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	Page 3 of 3	1.8 1.8	

Filing Fee: \$25.00