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(Red	questor's Name)	
(Âdd	dress)	
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(City	y/State/Zip/Phone	e #)
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R. WH!TE FEB 0 5 2020 11-8 PH 2:58

COVER LETTER

TO:		stration Section of Corpo				
SUBJE		TRU LLC				
SUBJE	C1: _		Name of Lim	ted Liability Company		
The enc	losed .	Articles of Ar	mendment and fec(s) are sub-	mitted for filing.		
Please re	eturn a	all correspond	lence concerning this matter	to the following:		
			THOMAS B WATSON			
				Name of Person		·
			TRU LLC			
				Firm/Company		
			14100 TAMIAMI TRL E I	OT 438		
		Address				
			NAPLES, FL 34114			
				City/State and Zip Code		<u></u>
			TOMW9940@GMAIL.COM	M o be used for future annual re	nost notification	
For furtl	her inf	ormation con	cerning this matter, please ca		port notification)	
		Name of P	erson	at () Area Code	Daytime Telepho	one Number
Enclose	d is a	check for the	following amount:			
■ \$25	.00 Fi	ling Fee	□ \$30.00 Filing Fec & 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)
	Maili	ing Address:	ction	Street Add	ress:	

Registration Section Division of Corporations P.O. Box 6327

1 .

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

TRU LLC	2020 J.III - 8 PH 2	2: 58
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Complete Horida document number <u>L16000005702</u> .	pany were filed on 01/02/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our records, <u>enter th</u> e	e name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	, Floric	
	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

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MARY J WATSON	14100 TAMIAMI TR E LOT 438 NAPLES, FL 3411	4 ≘ Add
			□Remove
			□Change
MGR	THOMAS B WATSON	14100 TAMIAMI TR E LOT 438 NAPLES, FL 3411	4 □ Add
			Remove
			_ Change
			□Add
			□Remove
			_ Change
			□Add
			□Remove
			_ 🗆 Change
			_ □Add
	•		_ □Remove
			_ Change
			□Add
			Remove
			_ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	(optional) fective 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 (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next seffective date on the Department of State's records.
ne recor	rd 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 led.
Dated	JANUARY 2 2020
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	THOMAS B WATSON Typed or printed name of signee