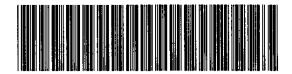
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TALLAHASSEE, FLORING

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## **COVER LETTER**

|                  | tration Section of Corpo |   |   |                     |   |  |
|------------------|--------------------------|---|---|---------------------|---|--|
| SUBJECT: _       | RUBULL C                 | ONDO, LLC                                       |   |                     |   |  |
| bebeser          |                          | Name of Lim                                     | ited Liability Company  | <del></del>         | <del></del>   |  |
|                  |                          | mendment and fee(s) are sub                     | _   |                     |   |  |
| Please return al | ll correspond            | lence concerning this matter                    | to the following:   |                     |   |  |
|                  |                          | RALPH BEAUREGARD                                |   |                     |   |  |
|                  |                          |   | Name of Person  |                     |   |  |
|                  |                          |   | Firm/Company  |                     |   |  |
|                  |                          | 1855 TRUMBULL ST                                |   |                     |   | 7.0  |
|                  |                          |   | Address   |                     | <del></del>   | 16 ALL   |
|                  |                          | DELTONA, FL 32725                               |   |                     |   | 量器工  |
|                  |                          | RALPHBEAUREGARD@                                | City/State and Zip Code<br>YAHOO.COM                            |                     |   | 9 SSET   |
| For further info | ormation con             | E-mail address: (cerning this matter, please ca | to be used for future annual r<br>all:                          | eport notification) | 1   | SECRETARY OF STATES  |
| MARIE BENJ       | AMIN                     |   | 386 257   | -1040               |   | ار بن من المنظمة المنظ |
|                  | Name of P                | erson   | Area Code   | Daytime Teleph      | one Number  |  |
| Enclosed is a cl | heck for the             | following amount:                               |   |                     |   |  |
| ■ \$25.00 Fili   | ng Fee                   | □ \$30.00 Filing Fee & Certificate of Status    | □ \$55.00 Filing Fee & Certified Copy (additional copy is encle |                     | 3 \$60.00 Filing Fee,<br>Certificate of Status<br>Certified Copy<br>(additional copy is enclo |  |
|                  |                          |   |   |                     |   |  |

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

| TRUBULL CONDO, LLC  |   |   |
|---|---|---|
| ( <u>Name of the Limited Lia</u><br>(A Flo  | bility Company as it now appears on our records.) orda Limited Liability Company) |   |
| The Articles of Organization for this Limited Liabilit  | y Company were filed on MAY 24, 2016  | and assigned                                |
| Florida document number L16000001385  | <del></del>   |   |
| This amendment is submitted to amend the following  | <b>;</b> ;  |   |
| A. If amending name, enter the new name of the l  | imited liability company here:  |   |
| TRUMBULL CONDO, LLC   |   |   |
| The new name must be distinguishable and contain the words "                                      | Limited Liability Company," the designation "LLC" or                              | r the abbreviation "L.L.C."                 |
| Enter new principal offices address, if applicable:   |   | च्ची छ                                      |
| (Principal office address MUST BE A STREET AD   | DRESS)  | 6   |
|   |   | 星影  |
|   |   | - C. 25                                     |
| Enter new mailing address, if applicable:   |   | mo  |
| (Mailing address MAY BE A POST OFFICE BOX)  |   | 7 0. O. |
| maning unitess MAT DE ATOST OFFICE BOX  | <u>.</u> <u>.</u>   | 5   |
|   |   |   |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a |   | enter the name of the new                   |
| Name of New Registered Agent:   |   |   |
| New Registered Office Address:  |   |   |
|   | Enter Florida street address  |   |
|   | , Florie  | da  |
| _   | 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> | Address       | Type of Action          |  |
|                          |             |               | Add                     |  |
|                          |             |               | ☐ Remove                |  |
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| ). If amen    | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)  | -                            |
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| (If an effec  | e date, if other than the date of filing:  (optional)  tive 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 60  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list it's effective date on the Department of State's records. | 5.0207 (3)(b)<br>ted as the: |
| f the reco    | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliebth day after the record is filed.   | ler of:                      |
| Dated_        | JNE.I 2016   |                              |
| *             | Signature of a inhomograph authorized representative of a member   |                              |
|               | RALPH BEAUREGARD   |                              |
| •             | Typed or printed name of signee  |                              |

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