

46000217655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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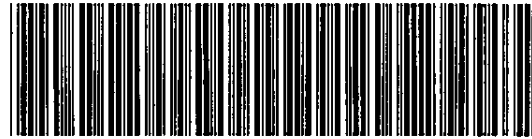
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

MAR 16 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Truline Collision 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:

Jesse Krumm
Name of Person
Truline Collision LLC
Firm/Company
3421 W. Green St.
Address
Tampa, FL 33607
City/State and Zip Code
JesseKrumm72@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jesse Krumm at (813) 330-8227 Cell
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Truline Collision 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 11-30-2016 and assigned Florida document number L16000217655

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 contain 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)

3421 W. Green St.
Tampa, FL. 33607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3421 W. Green St.
Tampa, FL. 33607

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:

Jesse Krumm

New Registered Office Address:

3421 W. Green St.

Enter Florida street address

Tampa

City

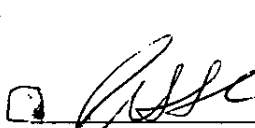
Florida

33607

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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TALLAHASSEE, FLORIDA

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 *Rep.*
AMBR = Authorized Member *-owner*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jesse Krumm	3421 W. Green St, Tampa, FL. 33607	<input checked="" type="checkbox"/> Add <i>owner</i> <input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Cheri Chitty-Krumm	3421 W. Green St. Tampa, FL. 33607	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Yaneth Palacio	10909 S. Hwy 41 Gibsonton, FL. 33534	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

March 12, 2018

100

Signature of a member or authorized representative of a member

Jesse Krumm

Typed or printed name of signee

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