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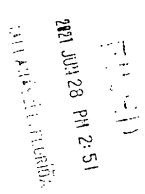
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COVER LETTER

TO: Registration Section Division of Corporation		• , •	
SUBJECT: Truc	KMOUNT Name of Limi	ted Liability Company	LC
The enclosed Articles of Am	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Saraso	Name of Person Mount Direct Firm/Company Madeinna Place	t, LLC ce 4243 Quahron.com
-	E-mail address: (to	be used for future annual report notifi	cation)
For further information cone	erning this matter, please cal	II:	
Vanice Name of Per	Jonas rson	at (941) 724 - Area Code Daytime	Telephone Number
Enclosed is a check for the fo	ollowing amount:		
M \$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 Sec	tion	Street Address: Registration Sect	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	tony as it now	rect	<u>k</u>) <u> </u>	<u>'C</u>	
(A Florida Limited I The Articles of Organization for this Limited Liability Company Florida document number <u>L1700.004814</u> .			2017	Zip Code e to comply with the miliar with and	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility compa	ny here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company,	" the designation "LLC	" or the abbr	eviation "L	.L.C,"
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
					
Enter new mailing address, if applicable:				121 JUH	<u>-</u>
(Mailing address MAY BE A POST OFFICE BOX)			 		· · · · · · · · · · · · · · · · · · ·
	 		,	-P -T'	. l .
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on (our records, <u>enter</u>	the name	of the ciles	w registered
Name of New Registered Agent:			··- <u>-</u> ,		
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
New Registered Agent's Signature, if changing Registered Agent:	Ciţy	,		Zip Code	
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 public to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in performand provided for	ce of my duties, an r <mark>in Chapter 6</mark> 05, l	id I am far F.S. Or, if	niliar wit <mark>this doc</mark> u	th and iment is

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
AMBR	Janice Jones	7028 Madenna Place	□ Add
		Sarasota, FL 34243	CVRemove
			Change
AMBR	Richard Jones	7028 Madonna Place	[‡Add
		Sarasota, FL 34243	□Remove
			Change
			□ Add
			Remove
			Change.
		* * * * * * * * * * * * * * * * * * *	28
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an effective da oter 11 the c	te, if other than ate is listed, the dat tate inserted in the ffective date on t	te must be specifi his block does	ic and cann not meet t	he applicat	date of filir		(op an 90 days af			
	fies a delayed eff	fective date, bu	t not an ei	ffective tim	e, at 12:01	a.m. on th	e earlier of:	(b) The	90th day ai	ter the
			_	1171						
is filed.	June 2	25	, <i></i>	10/1	- ·					
is filed.	June 2	25 Income		7	·					
l is filed.	June i	35 ncco Signature	of Amemb	(0) / / 	zed represe	ntative of a :	number			