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(Re	equestor's Name)	_ .
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	TRU Pair	nting LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		Kyle N. Johnson	
		Name of Person	
		TRU Painting LLC	
	10-	40 Park Central Circle Address	
	G	iroveland, FL 34736 City/State and Zip Code	·
	E-mail address: (painting1@gmail.com to be used for future annual report no	tification)
For further information cor	ncerning this matter, please of	all:	
Stephan Name of I	ie Johnson Person	at (<u>971</u>) <u>202-655</u> Area Code Daytir	55 me 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 radditional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Address:		<u> Street Address:</u>	
Registration Se		Registration Se	
Division of Cor P.O. Box 6327	rporations	Division of Co	•
Tallahassee, FI	32314	The Centre of 2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kyle N. Johnson LLC			
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Company were filed on _	06/08/2017	and as	signed
Florida document number <u>L17000126205</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company h	<u>iere</u> :		
TRU Painting LLC			
"he new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or t	the abbreviation "I	LC."
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)		7020 TALL	
		V S S S S S S S S S S	17
B. If amending the registered agent and/or registered office address on our	records, enter the	name of the ne	w registe
agent and/or the new registered office address here:		, n - 1	m
		- 프를 P	L
Name of New Registered Agent:		SK 🏲	\cup
Name of New Negistered Agent.		5 m 60	
New Registered Office Address:			
Enter Fle	orida street address		
	, Florida	21	
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 provisions of all statutes relative to the proper and complete performance o			
accept the obligations of my position as registered agent as provided for in			
being filed to merely reflect a change in the registered office address. I here			
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 addor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□ Change
			□Add
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e date, if other than the date of filing: (optional)	
tive date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	
nt's effective date on the Department of State's records.	
specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after	er the
d.	
November 02 2020	
$K \cap A \cap A \cap A$	
Signature of a member or authorfed representative of a member	
Kyle N. Johnson Typed or printed name of signee	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kyle N. Joi	nnson LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	<u>ny as it now appears</u> Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	06/08/2017	and assigned
Florida document number <u>L17000126205</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>re</u> :	
TRU Painting I	LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or the	abbreviation "L.L.C."
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)		<u> </u>	
B. If amending the registered agent and/or registered office:	address on our re	cords, <u>enter the na</u>	me of the new registere
agent and/or the new registered office address here:			
No. 10 to 10			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	ida street address	
		Florida _	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in C	my duties, and Lan Thapter 605, F.S. O	n familiar with and r, if this document 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
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Note: It me (fective date on the Depart	ment of State's	records.				
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