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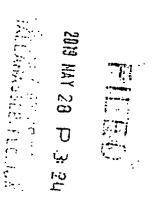
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COVER LETTER

Div	ision of Cor	porations					
SUBJECT:	Truly Gifted Records, LLC						
GODGECT.		Name of Lim	ited Liability Company				
The anglesses	l Artiolog of	Amendment and fee(s) are sub-	mitted for filing				
Please return	all correspo	ndence concerning this matter	to the following:				
		Mercedes, Modesto A, SR.					
			Name of Person				
		Truly Gifted Records, LLC					
Firm/Company PO Box 17222							
		Plantation / FL 33317					
	City/State and Zip Code trulygiftedrecords@gmail.com						
		E-mail address: ()	to be used for future annual report noti	fication)			
For further in	nformation c	oncerning this matter, please ca	all:				
Mercedes, N	lodesto A, S	R.	954 895-7179				
	Name o	f Person	at () Area Code Daytim	e Telephone Number			
Enclosed is a	i check for th	ne following amount:					
■ \$25.00 F	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

TO:

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 ARTICLES OF ORGANIZATION **OF**

FILED

Truly Gifted Records, LLC

(Name of the Limited Liability Company as it now appears on our records) 28
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia		were filed on 12701	and assigned
Florida document number L17000246291	·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liah	ility company here	:
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the design	gnation "LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	4949 SW 12th CT.	
Principal office address MUST BE A STREE		Fort Lauderdale, F	FL 33317
Enter new mailing address, if applicable:		PO Box 17222	
(Mailing address MAY BE A POST OFFICE I	3 <i>OX</i>)	Plantation, FL 333	17
B. If amending the registered agent and/oregistered agent and/or the new registered off	• *		ur records, enter the name of the nev
registered agent and or the new registered on	ice audress her	<u>c</u> .	
Name of New Registered Agent:	Mercedes, Modesto A, SR.		
New Registered Office Address:	4949 SW 12th	CT.	
New registered critice radicess.		Enter Florida	street address
	Fort Lauderdale	e	, Florida 33317
		City	Zip Code
New Registered Agent's Signature, if changing R	egistered 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Mercedes, Modesto A. SR.	4949 SW 12th CT.	
MER			
		Fort Lauderdale, FL 33317	
			Remove
			🗏 Change
AP	Gonzalez, Marco A	2221 N. 53 AVE.	
	· · · · · · · · · · · · · · · · · · ·		
		Hollywood, FL 33021	
			■ Remove
			☐ ("bassas
	Mercedes, Modesto A. JR	4949 SW 12th CT.	Change
AP	Weredes, Wodesto A. JK		□ Add
		Fort Lauderdale, FL 33317	
			■ Remove
			
			Change
	Buitrago, Emiro	4061 N. Dixie HWY	
AP			Add
		Oakland Park, FL 33334	
			Remove
			Change
	 		
			□ Remove
			Remove
			Change
			
			☐ Remove
			Change

• • • • • • • • • • • • • • • • • • •	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
(If an effective da <u>Note:</u> If the d	c, if other than the date of filing:
	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated5	-23-2019
	Signature of a member or authorized representative of a member
Me	rcedes, Modesto A, SR.
-	Typed or printed name of signee

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Filing Fee: \$25.00