




**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** truyal Miami 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:

Stephan B Castillo  
Name of Person  
  
Firm/Company  
1455 N treasure Dr, Apt 3F  
Address  
North Bay Village, FL, 33141  
City/State and Zip Code  
stephan-ca23@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aura M Valencia at (954) 6960361  
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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG 23 PM 2:38

TRUVAL MIAMI 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 July 26, 2018 and assigned Florida document number L18000179754.

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)

1455 N treasure Dr, Apt 3F  
North Bay Village, FL, 33141

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1455 N treasure Dr, Apt. 3F  
North Bay Village, FL, 33141

**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:

Stephan B Castillo

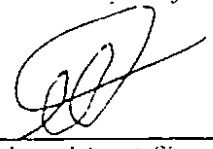
New Registered Office Address:

1455 N treasure Dr, Apt. 3F  
Enter Florida street address

North Bay Village, Florida 33141  
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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Stephan B Castillo</u>	<u>1455 N treasure Dr, Apt 3F</u> <u>North Bay Village, FL, 33141</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>AMBR</u>	<u>Aura M Valencia</u>	<u>1455 N treasure Dr, Apt 3F</u> <u>North Bay Village, FL, 33141</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>AMBR</u>	<u>Lina F trujillo</u>	<u>210 SW 11<sup>th</sup> st, Apt. 301</u> <u>Miami, FL, 33130</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG 23 PM 2:38

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated August 20<sup>th</sup> 2018

Signature of a member or authorized representative of a member

Stephan B Castillo

Typed or printed name of signee

STEPHAN CASTILLO  
1455 N TREASURE DR APT 3P  
NORTH BAY VILLAGE, FL 33141-4182

4269

9-32/720

DATE 8/20/18

PAY TO THE ORDER OF Florida Department of state \$ 60.00

sixty dollars

DOLLARS

CHASE

JPMorgan Chase Bank, N.A.  
www.Chase.com

MEMO Registration



⑆072000326⑆

⑆310183701⑆4269

MP