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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : 120120000055
Phone : (407)896-1757
Fax Number : (407)897-5336

SECURITY
TALLAHASSEE, FL

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: OPERATIONS@ABLCORP.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRUFFA L.L.C.

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER **H240000734893**

TO: Registration Section
Division of Corporations

SUBJECT: TRUFFA 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:

VICTOR RIVERA

Name of Person

ACCOUNT BOOKKEEPING CORP

Firm/Company

5301 CONROY RS SUITE 140

Address

ORLANDO, FL 32811

City/State and Zip Code

OPERATIONS@ABKCORP.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTOR RIVERA

407 898-1757
at ()

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 Address:

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

4240000734893

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TRUFFA 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 DECEMBER 19, 2013 and assigned
Florida document number L13000290727.

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:

1420 CELEBRATION BLVD SUITE 101

(Principal office address MUST BE A STREET ADDRESS)

CELEBRATION FL 34747

Enter new mailing address, if applicable:

1420 CELEBRATION BLVD SUITE 101

(Mailing address MAY BE A POST OFFICE BOX)

CELEBRATION, FL 34747

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:

New Registered Office Address:

1420 CELEBRATION BLVD SUITE 101

Enter Florida street address

CELEBRATION, Florida 34747

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

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TALLAHASSEE, FL

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>
MGRM	GUILLERMO J RUIZ GONZALE	1420 CELEBRATION BLVD SUITE 101	☐ Add
		CELEBRATION, FL 34747	☐ Remove
			☒ Change
AMBR	MONICA RUIZ REMIREZ	1420 CELEBRATION BLVD SUITE 101	☐ Add
		CELEBRATION, FL 34747	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

[illegible]

E. Effective date, if other than the date of filing: FEBRUARY 22, 2024 (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 FEBRUARY 23, 2024

Signature of a member or authorized representative of a member:

Guillermo joaquin ruiz gonzalez

Typed or printed name of signer