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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALRON ENTERPRISES, INC.

Account Number : I20000000113 : (321)951-7626

: (321)723-8218 Fax Number

\*\*Enter the email address for this business entity to be used for future 6. annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CHAMISUN IMPORTS, LLC**

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HEIL S JOHN

## **COVER LETTER**

TO: REGISTRATION SECTION

DIVISION OF CORPORATIONS

SUBJECT: TRUSTY WRENCH HOME REPAIR LLC

DOCUMENT NUMBER: L.19000013419

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jenni Johnson Alron Corps, Inc. 3990 Minton Rd Melbourne, FL 32904

Email address to be used for future annual report notification: mchugh731@icloud.com

For further information concerning this matter, please call:

Jenni Johnson at 321-951-7626

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## Chamisun Imports, LLC

Document ID: L19000013419
Articles of Organization File Date: January 11, 2019

Pursuant to the provision of section 605.0202, Florida Statutes, this Florida limited liability company adopts the following articles of amendment to its articles of organization:

LUI	tpany adopts the joile.					
Th	s Amendment is submit	ted to Amend the follo	owing:			
A:	If amending name, enter Trusty Wrench Home	er the new name of the Repair LLC	limited liability company:	2020 JAN 2		
	Enter new principal off	ice address, if applica	ble: N/A	JAN 2		
	Enter new mailing add	ress, if applicable: N/A	1	, P		
B:	If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered agent office address:					
	Name of New Registered Agent: N/A New Registered Agent Office Address: N/A					
	New Registered Agent's Signature:  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 comple  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.					
	Signature of New Registered Agent, if changing					
c	: If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:					
	1.) change add remove	Name: <b>N/A</b> Address: <b>N/A</b>	Title: N/A			
	2.) change add	Name: Address:	Title:			
	remove					

•	3.) change add remov	Address:	Title:		
D:	If amending a	ny other information or	adding additional Articles, enter here:		
E.G. ARTICLE X, PREEMPTIVE RIGHTS					
-	effective date is E	COLL BOLLER IN THE MAN MOTER TREETERS	illing:  Indicannot be prior to date of filling or more than 90 days after filling.)  In this block does not meet the applicable statutory filling  The applicable statutory filling to the department of State's records.		
	Signed thi	s			
Sig	nature	J McHugh, Managing-N	Member		