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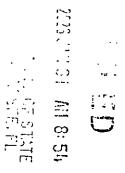
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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of C	Corporations			
SUBJECT:	DT CLAIMS	ASSUCIATES, LLC	'	
	rame or gim	ned Elainty Company		
The enclosed Articles (	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	J-AUR	A E. TRUJILLO .  Name of Person		
		Name of Person	44. (53	
	DT CL	AIMS ASSOCIATES Firm/Company	TO THE MISSING	
	14154 SW	292 S+ Address	드 등 유 	: 1
			1. S. C. C.	Ę
	Homes	FEAD F 33633		
		City/State and Zip Code		
	E-mail address: (	to be used for future annual report notific	cation)	
For further information	concerning this matter, please ca	all:		
Jaur	a E Tavjille	at ( <u>305</u> ) <u>747 4</u> Area Code Daytime	<del>-</del> 998	
Name	e of Person	Area Code Daytime	Felephone Number	
Enclosed is a check for	the following amount:			
III \$25.00 Filing Fee	≯ \$20.00 Filing Fee & Certificate of Status	S55 00 Filing Fee & Certified Copy (additional copy is enclosed)	Só0.00 Filing Fen Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addr</u>	·acc·	Street Address:		
Registration	Section	Registration Sect		
Division of P.O. Box 63	Corporations	Division of Corpe The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ASSOCIATES;	=			
( <u>Name of the Limited Liab</u> (A Flori	llity Company as it now app da Limited Liability Compan	ears on our records.) y)			
The Articles of Organization for this Limited Liability Florida document number <u>L19000109057</u>	Company were filed on	04/22/2019	' a	ınd assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lir	nited liability company	here:			
TRU HOSTING	. ILC.				
The new name must be distinguishable and contain the words "Li	mited Liability Company," th	ie designation "LLC" or the	: abbrevia	tion "L.I	LC."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	PRESS)				
				1~3	
				•	
Enter new mailing address, if applicable:			÷ -,	· <u>-</u>	
(Mailing address MAY BE A POST OFFICE BOX)			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
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			1110	<u>င်</u> ာ	
B. If amending the registered agent and/or register agent and/or the new registered office address here		r records, <u>enter the na</u>	ame of t	h€ <u>·f</u> lew	registered
Name of New Registered Agent:					
New Registered Office Address:					
	Enter F	Florida street address			
		Florida			
	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 a dood or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or more ote: If the date inserted in this block does not meet the applicable statutory filing to	e than 90 days after filing.) P requirements, this date w	ursuant to 605.020° ill not be listed as
ocument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on is filed.	the earlier of: (b) The S	00th day after the
ated 01 26 2023		
H) I LUI		
	'a member	

Filing Fee: \$25.00