## L19000160862

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## **COVER LETTER**

TO: Registration Section Division of Corporations	. 464
SUBJECT: 10Elile Solution 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:	
Latisha Walker  Name of Person  True Lite Solutions (LC)  Firm/Company	·
11814 Meadow Branch Dr	Cpt 1226
City/State and Zip Code  L+Sh UniouSQUChoo Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
	ımber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	00 Filing Fee. tificate of Status & tified Copy itional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS Registration Section Registration Section	SS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRUELITE SOLUTIONS LLC						
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	any <u>as it now appears on our records.)</u> Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number L19000160862  This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	pility company here:					
The new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	11814 MEADOW BRANCH DR APT 1226					
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32825					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ORLANDO FL 32825					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	re:					
Name of New Registered Agent:						
New Registered Office Address:	Enter 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 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
MGR	LATISHA WALKER	11814 MEADOW BRANCH DR APT 1226	Add
		ORLANDO FL 32825	🗀 Remove
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Dated	07/01			2019					
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Filing Fee: \$25.00