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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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Certified Copies	_ Certificates	s of Status
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Office Use Only



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COVERETTER

TO: Registration Section Division of Corpo	rations ,	e general			
SUBJECT: Ales	Name of Limi	nestment LLC ited Liability Company			
The enclosed Articles of Ai	mendment and fee(s) are sub-	mitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
		Name of Person			
	ayesta -	Juy Investment	HS LLC	2- YON E28 0	
	37 Pine	Track Address		• •	}
	anla Fl	— 34472 City/State and Zip Code		PM 4: 48	٠
	Deambardiness: (CH 075 D amail 1 to be used for future annual report notifi	ication)	3×	
For further information con	cerning this matter, please ca	all:			
Name of F	Person	at (<u>352</u>) <u>454</u> Area Code Daytime	5393 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)	Certified	te of Status &	
Mailing Address:		Street Address:			

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

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

ARTICLES OF MENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Lia (A Flo	DU Lability Company	v as it now appears or ability Company)	etment L	<u>C</u>
The Articles of Organization for this Limited Liabilit	•	vere filed on	0/2/2019	_ and assigned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	Trues	stments	LLC	eviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL		3035 SE #104 P OLALA FL	maricamp mb 106 - 3441	<u>Ra</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>0</u> -	3035 SE # 104 P QALA F	Maricam MB 100 L 34471	PARO:
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ldress on our reco	ords, <u>enter the name</u>	of the new registered
Name of New Registered Agent: New Registered Office Address: 3	035.SE		RA HIOU street address	Pmp Ido
_	CAL		, Florida	34471 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 amending chorized Person(s) a corized to manage, or the title, name, a caddress of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
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		·	□Change
			☐Add ☐Remove
			— ☐Change
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ffective date, if other	r than the date of	filing:			(optional)	
an effective date is listed, for the local state inserted. If the date inserted.	ed in this block does	not meet th	ie applicable	ate of filing or me statutory filing	ore than 90 days g-requirements	after filing.) F s, this date w	ursuant to 605.020 ill not be listed a
ocument's effective da	te on the Departmen	it of State's	records.				
record specifies a delay l is filed.	yed effective date, b	ut not an eff	fective time.	at 12:01 a.m. (on the earlier o	of: (b) The	90th day after th
ated NOVEM	ber 3	·	2020.				

Filing Fee: \$25.00