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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

	Registration Se Division of Cor			
CHD IEC		estment Group LLC		
SUBJEC	.I:	Name of Limi	ned Liability Company	
The enck	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Tyler Eiland		
		 · · · - ·	Name of Person	
		Eiland Management LLC		
			Firm/Company	
		620 Alhambra Ave		
			Address	
		Altamonte Springs, FL 327	714	
			City/State and Zip Code	
		tyler@eilandmgt.com		
			to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please ca	all:	
Tyler Ei	land		855 653-2933	
	Name o	f Person		ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
	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 Addres Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ark Moving Group LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compar	ny were filed on 01/07/2020	and assigned
Florida document number L20000014412		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
Truland Investment Group LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company." the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		AGE TO
Enter new mailing address, if applicable:		A CO
(Mailing address MAY BE A POST OFFICE BOX)	.	SEP P
		STI STI
		THE ST
B. If amending the registered agent and/or registered offic	e address on our records. <u>ente</u>	r the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addr	CN
	Į.	Florida
	Ciţy	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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			☐ Change
			□Add
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	s effective date on th					. <u>.</u> .			
record sp I is filed.	ecifies a delayed effi	ective date, bu	it not an el	ffective tim	e, at 12:01	a.m. on the c	earlier of: (b)	The 90th da	ty after the
Ma ated	y 5th			123					
	77								
		Signature							

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Filing Fee: \$25.00