

170000328387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

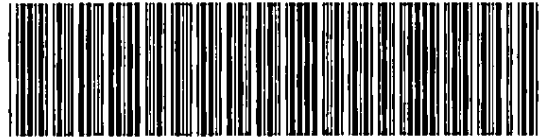
(Business Entity Name)

(Document Number)

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LLC N/C & Amend

05/03/22--01141--017 **25.00

2022 MAY -9 PM12 11

FILED

A. RAMSEY
JUL 12 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHOU CHOU L.L.C.
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:

LOVETTE DOBSON
Name of Person

Firm/Company

17350 STATE HWY 249 STE 220
Address

HOUSTON, TX 77064
City/State and Zip Code

EFILE1234@INCFIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON at (1) 888-462-3453
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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

Street Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

CHOU CHOU L.L.C.

2022 MAY -9 PM 12 11

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/16/2020 and assigned
Florida document number 120000328387.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TRULI ANJOLU L.L.C.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1991 MCGIRTS POINT BLVD

JACKSONVILLE, FL 32221

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1991 MCGIRTS POINT BLVD

JACKSONVILLE, FL 32221

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ROSALINDA JOASSAINT

New Registered Office Address:

1991 MCGIRTS POINT BLVD

Enter Florida street address

JACKSONVILLE

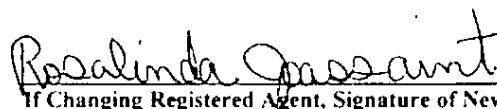
, Florida 32221

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DAINA JOSEPH	161 NE 38TH ST	<input type="checkbox"/> Add
		OAKLAND, FL 33334	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROSALINDA JOASSAINT	1991 MCGIRTS POINT BLVD	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32221	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	KUSHNER FANFAN	1991 MCGIRTS POINT BLVD	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32221	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Rosalinda Cassaint
Signature of a member or authorized representative of a member

Typed or printed name of signee