

h21000165691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

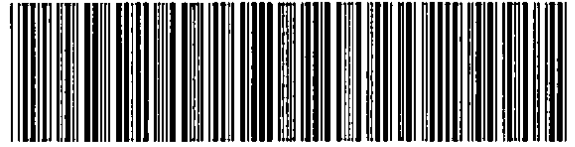
(Document Number)

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2021 JUN -8 PM 10:06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRU TRUCKREX CONCEPTS
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:

SHAKILEA JERNICK
Name of Person

TRU TRUCKREX CONCEPTS
Firm/Company

3213 GREENWICH VILLAGE BLVD APT 202
Address

ORLANDO FL 32835
City/State and Zip Code

tru@truckrexconcept.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHAKILEA JERNICK at (360) 344 5954
Name of Person Area Code Daytime 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)

☐ \$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**

Tru Cheveux Concepts

(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 4/8/21 and assigned Florida document number L 21000105691.

This amendment is submitted to amend the following:

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

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)

3213 Greenwich Village Blvd
Apt 202
Orlando, FL 32835

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3213 Greenwich Village Blvd
Apt 202
Orlando, FL 32835

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:

Shakiera Merrick

New Registered Office Address:

3213 Greenwich Village Blvd Apt 202

Enter Florida street address

Orlando

City

Florida

32835

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

No change

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article 1, 11 and 111 have all changed

All 1999-2000 were changed

Local 1111, should be exactly the same

3213 Greenwich Village Blvd

Apt 202

Orlando FL 32835

It appeared to be correct for documents

I was unable to get a business record from the relevant agencies.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated _____



Signature of a member or authorized representative of a member

Typed or printed name of signee

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L21000165691
FILED 8:00 AM
April 09, 2021
Sec. Of State
jafason

Article I

The name of the Limited Liability Company is:
TRU CHEVEUX CONCEPTS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
3213 GREENWICH VILLAGE BLVD
APT 202
ORLANDO, FL. UN 32835

The mailing address of the Limited Liability Company is:
3213 GREENWICH VILLAGE BLVD APT 202
APT 202
ORLANDO, FL. UN 32835

*All 3 articles addresses
are ~~different~~ slightly
different - see attached*

Article III

The name and Florida street address of the registered agent
SHAKIERA D MERRICK
3213 GREENWICH VILLAGE BLVD
APT
ORLANDO, FL. 32835

*Please correct to
have 1 consistent
address.*

Having been named as registered agent and to accept service of process for the limited liability company at the place designated in this certificate, I hereby accept service of process as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: SHAKIERA MERRICK