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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

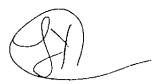
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FILED 2022 JUL 19 AM 10: 27 SECRETARY DE STATE



COVER LETTER

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



October 4, 2022

ELIZABETH BRUNAL 13640 LARAWAY DR RIVERVIEW, FL 33579

SUBJECT: W&M RESTORATION LLC

Ref. Number: L22000057648

We have received your document for W&M RESTORATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is F01000001284.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 622A00022139

Lee Yarbrough Bureau Chief

www.sunbiz.org

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of C	Corporations		
SUBJECT:	W & M	Restoration LL nited Liability Company	<u>C</u>
The enclosed Articles	of Amendment and fec(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Eli 2	abeth Brunal Name of Person	
		Firm/Company	
	13640	Larguay Dr	
		City/State and Zip Code UNG 127 D GMG 11 to be used for future annual report notification)	
For further information	concerning this matter, please ca		
C 1 20 Name	beth brungle of Person	at (S13) 3902? Area Code Daytime Telepho	one 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 Addr Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Section Division of Corporatio The Centre of Tallahas	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili	20storatro (CC ty Company as it now appears on our records.) a Limited Liability Company)
· ·	Company were filed on 21312022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	Truestments LLC or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETARY OF TALLAHASSE
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the ew registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Floridu street address
	, Florida
	mew mailing address, if applicable: In a address MAY BE A POST OFFICE BOX) In a mending the registered agent and/or registered office address on our records, enter the name of the New registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address

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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address** Type of Action Mario Robayo 13640 Larauky Dr DAdd RIVERVIEW FL 33579 Remove _____ □Change Weeber Whyspe W 13640 Laraway Dr DAdd Ruerwiew To 33579 Remove _____ □Change _____ □Change ___ □Remove

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