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SECRETARY OF STATE
SEAR AHASSEE, FL

COVER LETTER

TO: Registration S Division of Co				
() # (P) # # # / / / / PP)	Fruss Design, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter			
	Michael D LaBarbera			
		Name of Person		
	LaBarbera and Campbell	Attorneys at Law		
		Firm/Company		
	13309 Winding Oak Ct	Suite B		
		Address		
	Tampa, FL 33612			
		City/State and Zip Code		
	mdlabarbera@aol.com	to be used for future annual report not	i floation)	
For further information	concerning this matter, please c	·		
Michael D LaBarbera		813 251-1940		
Name	of Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for	the fellowing amount:			
	-	□ čes manii ii e	(T) \$40.00 (TH) - 15 - 1	
\$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 Addre		Street Address:	.•	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 63	-	The Centre of	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 13 AM 9: 28

Old Oak Truss Design, LLC		SECRETARY OF STATE
(<u>Name of the Limited Lia</u> (A Fle	bility Company as it now appears on our prida Limited Liability Company)	records.TALL AHASSEE, FL
The Articles of Organization for this Limited Liabilit	y Company were filed on April 13, 20	and assigned
Florida document number L22000178066	 '	
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the	limited liability company here:	
Old Oak Truss Design Services, LLC		
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 AD	DRESS)	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
		
B. If amending the registered agent and/or registo agent and/or the new registered office address her	-	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		Florida
	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 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>	Type of Action
			□Add
			□Remove
			□Change
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Filing Fee: \$25.00