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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Real Estate Group, LLC		
	Name of Lim	ited Liability Company	
TI	· A	mined for films	
	Amendment and fee(s) are sub	-	
Please return all correspo	ondence concerning this matter	to the following:	
	Hala Farid		
		Name of Person	
	TruCapital Real Estate Gro	oup, LL.C	
		Finn/Company	
	4094 Forsythe Way		· .
		Address	<u> </u>
	Tallahassee, FL 32309		
		City/State and Zip Code	
	F-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c		,
Hala Farid		850 631-9971	
Name of Person		at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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 Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TruCapital Real Estate Group, LLC

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

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on (06/16/2022)

The Articles of Organization for this Limited Liability Company	were filed on $\frac{06/16/2022^{1}}{1000000000000000000000000000000000$	and assigned
Florida document number 1.220(X)274377	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Hala Farid, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
Enter new mailing address, if applicable:	 .	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	5
		orida
	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>	Address	Type of Action
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□ Change
			□Add
			□ Remove
			□Change
			□ Add
		□Remove	
		□Remove	
	_	□Change	
			□Remove
			□Change

or in unite	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective Note: 1	e date, if other than the date of filing: [12/30/2022] (optional) (itive 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)(if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the int's effective date on the Department of State's records.
f the record ecord is file	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 d.
Dated _	12/29/2022
	All Assert
	Signature of a member or authorized representative of a member
	Hala Farid
	Typed or printed name of signee