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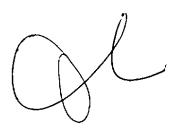
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| SUBJE | | TRUJILLO | BROTHERS LEE COUNTY | CORP. | | | |
| SUBJE | ÇΙ: _ | | Name of Lin | ited Liability Company | | | |
| The enc | losed | Articles of . | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please re | eturn a | all correspo | ndence concerning this matter | to the following: | | | |
| | | | LUCAS TRUJILLO | | | | |
| | | | | Name of Person | | | |
| | | | TRUJILLO BROTHERS | LEE COUNTY CORP. | | | |
| | | | | Firm/Company | | | |
| *,, | | | 3325 NW 62 STREET | | | | |
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| | | | LUCAS@TRUJILLOAND | | | 8 | G (2) |
| | | | E-mail address: (| to be used for future annual report notification) | , | SSE 2 | i |
| For furth | her int | formation co | oncerning this matter, please o | all: | | 1:2 1:2 | |
| AILEEN | N DE | LOS SANT | ros | 305 510-2495 at () | | | |
| | | Name of | Person | Area Code Daytime Teleph | ione Number | | |
| Enclose | d is a | check for th | e following amount: | | | | |
| ■ \$2 5 | .00 Fi | ling Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | e of Status & | |
| | | ing Address | | Street Address: Registration Section | | | |
| Registration Section Division of Corporations | | | | Division of Corporation | ons | | |
| | | . Box 632 | | The Centre of Tallaha | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRUJILLO BROTHERS LEE COUNTY CORP.

(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 $\frac{3/3/2023}{1}$ and assigned Florida document number _____L23000113146 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TRUJILLO BROTHERS OF LEE COUNTY LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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: New Registered Office 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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida_

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> | Name | <u>Address</u> | Type of Action |
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| n eff ete: | ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fill If the date inserted in this block does not meet the applicable statutory filing requirements, this d | ing.) Puri late will | suant to 6 | 505.0207 isted as |
| | ent's effective date on the Department of State's records. | | | |
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| ecor | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ed. | The 90t | th day a | fter the |
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Filing Fee: \$25.00