## L23 000/69270

(R€	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer.	<u> </u>

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## **COVER LETTER**

Tallahassee, FL 32314

	on Section f Corporations	
	E PASSION DETAILING LLC	
SUBJECT:	Name o	f Limited Liability Company
The enclosed Articl	les of Amendment and fee(s) ar	e submitted for filing.
	rrespondence concerning this m	
	ANNECY DIEUDON	NNE
		Name of Person
		Firm/Company
		Address  APE CORAL FL, 33990  City/State and Zip Code s@outlook.com  ress: (to be used for future annual report notification)
		Address
	2204 SE 10TH ST C	APE CORAL FL, 33990  City/State and Zip Code  s@outlook.com
	-	City/State and Zip Code
	truepassioninstallation	s@outlook.com
	E-mail addı	ress: (to be used for future annual report notification)
For further informa	tion concerning this matter, ple	
Annecy Dicudonne	:	239 737-4467
N	ame of Person	Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:	
<b>■</b> \$25.00 Filing F	ee ☐ \$30.00 Filing Fee & Certificate of Stat	
	tion Section of Corporations	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

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	<u>irds</u> )
The Articles of Organization for this Limited Liability Company Florida document number 1.23000169270	y were filed on June 18, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
True Passion Installations LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L	LC" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		77.72
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	FEAS
	City	Florida Zip Code
	•	•

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

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
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ffective date, if other than the can effective date is listed, the date must	date of filing: March, 04, 2023 be specific and cannot be prior to date of file	(optiona	I) or A Pursuant to 605 02
<b>Sote:</b> If the date inserted in this blo	ock does not meet the applicable statuto		
ocument's effective date on the De	partition of older a vectors.		
ocument's effective date on the De			The 90th day after th
record specifies a delayed effective	e date, but not an effective time, at 12:0	)1 a.m. on the earlier of; (b) 1	the 70th day after a
record specifies a delayed effective I is filed.		)1 a.m. on the earlier of; (b) 1	the zoni day and i
d is filed.  Dated June 18  Annecy Dicudonne			the 70th day after t

Filing Fee: \$25.00