L23000178000

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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A. RIVERS JUL 29 2023



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COVER LETTER

TO:

	Registration Se Division of Cor		•	
eun iez	Trucore Co	ntacting LLC		
SUBJEC	l:		ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Mathew Truman		
			Name of Person	
			Firm/Company	
		5204 Calhoun Rd		
		Plant City, FL 33567	Address	
		riant City, FE 33307	City/State and Zip Code	
		matt@trucorellc.com	Chystate and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For furthe	r information c	oncerning this matter, please ca	all:	
Mathew 3	Fruman		813 426-2391	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 Filing Fee	S30,00 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 Addres Registration S	 -	Street Address: Registration S	ection
I	Division of C	forporations	Division of Co	orporations
	P.O. Box 632 Fallahassee, I		The Centre of	Tallahassee oe Street, Suite 810
	rananassee, l	: L JZ314	Z4TƏ IN. MONI	oc succi, suite ott

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trucore Contacting LLC

(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 4/11/2023	and assigned
Florida document number L23000178006		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Trucore Contracting LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	• •	
		2023 SE
Name of New Registered Agent:	7	
		A - 2
New Registered Office Address:	Enter Florida street address	
	F1 (1	TO AND ICE
	Florida	Zip Code Co
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, and I am fa agent as provided for in Chapter 605, F.S. Or, i red office address, I hereby confirm that the lim	miliar with and f this document is

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
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			☐ Change
<u>.</u>		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			Change
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Note:	ve date, if other than the date of filing:
e record rd is file	I 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 ed.
Dated_	<u>5-30-23</u>
Dated _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00