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(Business Entity Name)

\_\_\_\_\_  
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2024 JAN -3 PM 4:39  
SEC. OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRULUX AUTO LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ELVIS SMITH

(Contact Person)

TRULUX AUTO LLC

(Firm/Company)

7451 RIVIERA BLVD SUITE 237

(Address)

MIRAMAR, FL. 33025

(City/State and Zip Code)

For further information concerning this matter, please call:

ELVIS SMITH

(Name of Contact Person)

at 954 684-1643

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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DEPT. OF STATE  
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TRULUX AUTO LLC

(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 06/06/2023 and assigned  
Florida document number L23000275075.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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 ADDRESS)

7451 RIVIERA BLVD SUITE 237

MIRAMAR, FL. 33025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7451 RIVIERA BLVD SUITE 237

MIRAMAR, FL. 33025

**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:

4842 SW 159 AVENUE

*Enter Florida street address*

MIRAMAR

*City*

, Florida 33027

*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 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>	<u>Address</u>	<u>Type of Action</u>
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(If an effective 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)(b)

2024 JAN - 3 PM 4:40  
 Pursuant to 605.0207 (3)(b)  
 will not be listed as the  
 0th day after the

Dated 12/21, 23

Elio S.

ELVIS SMITH

**Filing Fee: \$25.00**