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COVER LETTER

TO:

Tallahassee, Fl. 32314

TO: Registration So Division of Cor			
SUBJECT: Trusty Ente	erprises, LLC		
	Name of Lim	ited Liability Company	
The anglessed Articles of	Amendment and fee(s) are sub	anittad for filing	
	ondence concerning this matter	_	
r sease return an correspo	machee concerning this matter	to the following.	
	Joshua Trusty		
		Name of Person	
	Trusty Enterprises LLC		
		Firm/Company	
	9629 Oakheart Ln		
		Address	
	Clermont/FL 34711		
	josh.trusty@gmail.com	City/State and Zip Code	
	· · ·	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	•
Joshua Trusty		at () 7616460	
Name c	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	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 Fiting Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	(.)	The Centre of T	allanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trusty Enterprises, LLC				
(Name of the Limited Liability Con (A Florida Limite	ipagy as it now appears on our cd Liab (hty Company)	records.)		
The Articles of Organization for this Limited Liability Compa	ny were filed on 01/10/24	and assigned		
Florida document number L24000066394				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:	1		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	n "FLC" or the abbreviation "L.f.,C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>			
		න -		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
Estating matress MAT BE A TOST OF TICE 1993.		•		
		8		
B. If amending the registered agent and/or registered office address here:	ce address on our records,	enter the name of the new registered		
Name of New Registered Agent:				
N D. Carres J. Office and diseases				
New Registered Office Address:	Emer Florida street	address		
		, Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Age	<u>ent:</u>			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of my dut as provided for in Chapter	ies, and I am familiar with and -605, F.S. Or, if this document is		

It 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
R8MA	Natalie Trusty	9629 Oakheart Ln, Clermont, FL 34711	⊻ Add
			⊡Change
AMBR E	Ethan Trusty	9629 Oakheart Ln. Clermont, FL 34711	_ 1 /Add
			□Remove
			□ Change
			⊜Add
			□Remove
			🗆 Add
			ClChange
	<u></u>		⊕Add
			□Remove
			□ Change
			□Add
			□Remove

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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blod document's effective date on the De	date of filing:	suant to 605,020 not be listed a
e record specifies a delayed effective rd is filed.	e date, but not an effective time, at 42:01 a.m. on the earlier of: (b) The 90	th day after the
Dated February 26	2024	
/		
Don	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00