L24000380077

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COVER LETTER

TRU INNO	VATIVE CONCEPTS, LLC.		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kasundra Montanez		
		Name of Person	
		Firm/Company	
	1242 Woods Landing Dr.		
		Address	
	Minneola, FL 34715		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Kasundra Montanez		352 989-23 <i>5</i> 7	
Name o	f Person		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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

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 Liabili (A Florida	ity Company as it now appears on our reco	ords.)
The Articles of Organization for this Limited Liability C Florida document number 1.24000380077		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	1.1 7. C
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		- N
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records, <u>ent</u>	er the name of the new registered
New Registered Office Address:	Enter Florida street ada	Imee
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, gent as provided for in Chapter 60 ed office address, I hereby confirm	and I am familiar with and 5, F.S. Or, if 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
MGR	Adam Lewis	1242 Woods Landing Dr. Minneola, FL 34715	□ Add
			Remove
			□Change
			□ Add
			□Remove
			□ Change
			Remove
			Change
		·····	□ Add
			□Remove
			Change
		- <u></u>	🗀 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
_	
_	
_	
-	
-	
-	
If an ef Note:	ive date, if other than the date of filing:
e reco	rd 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 led.
Dated	October 14th 2024
	Maryaha Mata
	Signature of a member or authorized representative of a member
	Kasundra Montanez

Typed or printed name of signee