M17000 003 200

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phono	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	Registration Section Division of Corporations			
SUBJE				
	Name of Foreign	Limited Liabili	ity Company	
Dear Sir	or Madam:			
The enc	losed application, certificate and fee(s) ar	e submitted for	r filing.	
Please re	eturn all correspondence concerning this	matter to the fo	ollowing:	
Doug	glas H. Astralga, Esq.			
	Name of Person			
Trula	and Homes LLC			
	Firm/Company			
2989	91 Woodrow Lane			
	Address			
Spar	nish Fort, Alabama 3652	7		
	City/State and Zip Code			
doug	g@68ventures.com			
E-ma	il address: (to be used for future annual re	eport notification	on)	
For furtl	her information concerning this matter, p	lease call:		
	glas H. Astralga, Esq.	_{at (} 251)	581-970	05
	Name of Person	Area Code &	& Daytime Te	lephone Number
	STREET/COURIER ADDRESS:			ADDRESS:
	Registration Section Division of Corporations		Registration Division of	Section Corporations
	Clifton Building		P.O. Box 63	•
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee,	Florida 32314
	d is a check for the following amount:	_		_
<u> </u> \$25	Filing Fee \$\bigcup \$30 Filing Fee & Certificate of Status	S55 Filing Certified		\$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

•		rs on the records of the Florida Department of	•	
State: Truland Homes	, LLC			
Enter new principal office addres	ss, if applicable:	NA (No change)		
(Principal office address MUST BE A STREET ADDRE	<u>ss</u>)			
Enter new mailing address, if app (Mailing address MAY BE A POST OFFICE BO.		NA (No change)		
2. The Florida document number	of this limited lia	ability company is: M1700003200	7:1	19 kov
3. Jurisdiction of its organization	Alabama			. i -
Date authorized to do business	in Florida: 04/	13/2017	***	70
SECTION II (5-9 complete only	the applicable o	changes)	20 42	် - သ
5. New name of the limited liabil	ity company: N (mus	A t contain "Limited Liability Company, " "L.L.	己," ốr "L	 J
copy of the written consent of the must contain "Limited Liability C	managers or man ompany," "L.L.C t and/or registere	d officer address on our records, enter the nam	The alterna	ate name
Name of New Registered Agent:	NA			
New Registered Office Address:	NA			
		Enter Florida Street Addres	5 S	
		, Florida _	7:- C - 1	
		City	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.

8. If the amen	dment changes person, title or capacity	in accordance with 605.0902 (1)(e), indi	cate that change
Title/ Capacity	<u>Name</u>	Address	Type o
Secretary	Janine Howle	Trutand Homes LLC , 1700 West Main St. Surte 400 P	Pensacola, FL 32502
			
	7		Р
			A
			Re
			Add
			Ren
			Add
aforementione	ertificate, if required: no more than 90 d amendment(s), duly authenticated by der the law of which this entity is organ	the official having custody of records i	

Filing Fee: \$25.00