

M22 000013317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

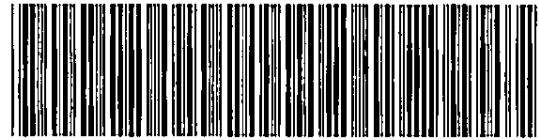
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400395094234

09/30/22--01012--022 **25.00

2022 SEP 30 PM 12:57

FILED

KLITZMAN LAW GROUP, PLLC

LAKE SHORE PLAZA
1301 INTERNATIONAL PARKWAY
SUITE 120
SUNRISE, FLORIDA 33323

LAWRENCE S. KLITZMAN
LLM, TAXATION
ALSO ADMITTED IN NEW JERSEY

TELEPHONE 954 384 4421
FACSIMILE 954 389 3579
EMAIL LSK@KLITZLAW.COM

September 28, 2022

Via FedEx

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

2022 SEP 30 PM 12:57

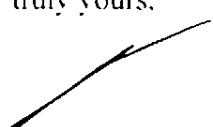
**RE: Southern Truss Companies, LLC
Document No. M22000013317**

To Whom It May Concern,

Enclosed please find (i) an Application by Foreign Limited Liability Company to File an Amendment to Certificate of Authority to Transact Business in Florida, (ii) a Certificate of Good Standing, and (iii) a check in the sum of \$25.00 payable to Florida Department of State. Please amend the named Manager of Southern Truss Companies, LLC from John Byers to Southern Truss Management, LLC, a Wyoming limited liability company.

Thank you for your assistance.

Very truly yours,


Lawrence S. Klitzman

LSK/gl

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Truss Companies, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lawrence S. Klitzman

Name of Person

Klitzman Law Group, PLLC

Firm/Company

1301 International Parkway, Suite 120

Address

Sunrise, Florida 33323

City/State and Zip Code

LSK@Klitzlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lawrence S. Klitzman

at (954) 384 4421
Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

2022 SEP 30 PM 12:57

**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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Southern Truss Companies, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M22000013317

3. Jurisdiction of its organization: Wyoming

4. Date authorized to do business in Florida: 8/22 2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

Enter Florida Street Address

_____, Florida _____
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.

If Changing Registered Agent, Signature of New Registered Agent

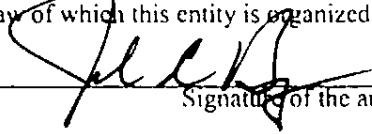
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BYERS, JOHN	2590 NORTH KINGS HIGHWAY	<input type="checkbox"/> Add
		FORT PIERCE, FL 34951	<input checked="" type="checkbox"/> Remove
MGR	Southern Truss Management, LLC	2590 NORTH KINGS HIGHWAY	<input checked="" type="checkbox"/> Add
		FORT PIERCE, FL 34951	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s) duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

X



Signature of the authorized representative

John Byers

Typed or printed name of signee

Filing Fee: \$25.00

STATE OF WYOMING
Office of the Secretary of State

I, KAREN L. WHEELER, Deputy Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Southern Truss Companies, LLC

is a

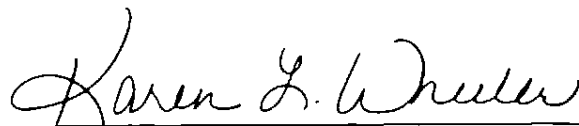
Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 17, 2022**, comply with all applicable requirements of this office. This entity has been assigned entity identification number **2022-001127782**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 28th day of September, 2022 at 3:26 PM. This certificate is assigned ID Number 055449835.




Deputy Secretary of State