P07000044144

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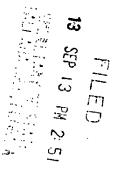


Chart of s

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ion: Trusca	pes Industrie	s Inc	
DOCUMENT NUMBER		1044144		
The enclosed Articles of A	mendment and fee are sub	omitted for filing.		
Please return all correspon	dence concerning this mat	ter to the following:		
	Kri	Stin Llorca Name of Contact Person	ın	
	Truscapes Industries Inc			
19457 Ganton Avenue				
	Bradenton FL 34202 City/ State and Zip Code			
		City/ State and Zip Cod	ic	
	E-mail address: (to be use	ed for future annual repor	t notification)	
For further information con	ncerning this matter, please	e call:		
Kristin Name of Co	LIOCO Dontact Person	at (941 Area Co	812-4191 ode & Daytime Telephone Number	
Enclosed is a check for the			•	
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amendn Division P.O. Box	Address nent Section of Corporations & 6327 see, FL 32314	Amen Divisi Clifto 2661	Address dment Section on of Corporations n Building Executive Center Circle lassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Truscapes	Industric.	11112		
(Name of Corporation as currently file		Dept. of State)		
P0700044144 (Document Number of C		···)		
,	•			
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Floria</i>	a Profit Corporation ado	pts the following	amendment(s) to
A. If amending name, enter the new name of the cor	poration:			
<u>N</u> A		.,,		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp,' word "chartered," "professional association," or the a	" "Inc," or "Co".	A professional corporati		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI		NIA	<u> </u>	ි ස් ි ග
	_	·····		
	_			ω \Box
C. Enter new mailing address, if applicable:		NIA	**	E D
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u> </u>	14117		? ?
			N -	_
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in	Florida, enter the name	of the	
	NIA			
Name of New Registered Agent	171)1			
	(Florida street ad	dress)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	l am familiar with a		of the position.	
Signature of New	w Registered Agent,	if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	Llomell Llorca	19457 Ganton Ave
Add			Bradenton, FL 34202
Remove			
2) X Change	VP_	Kristin Llorca	19457 Ganton Ave
Add			Bradenton, FL 34202
Remove			
3) Change	<u> </u>	Knstin Llorca	19457 Ganton Ave
X Add			Bradenton, FL 34202
Remove			
4) Change	VP	Llomell Llorca	19457 Ganton NVC
X Add			Bradenton, FL 34202
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

	icles, enter change(s) here: (Be specific)
	NA
	Off (
	
-	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exchaprovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	09/01/2013	, if other than the
date this document was signed. Effective date if applicable:	(no more than 90 days after amendment file date)	_ _
Adoption of Amendment(s) (CI	IECK ONE)	
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.	
	the shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):	
	ndment(s) was/were sufficient for approval	
by	ting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	
Dated09 101	2013	
Signature	sident or other officer – if directors or officers have not been	_
	orporator – if in the hands of a receiver, trustee, or other court y by that fiduciary)	
	Krishn Llorca (Typed or printed name of person signing)	_ _
	(Typed or printed name of person signing)	
	(Title of person signing)	
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