P1200017552

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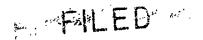
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: L.G. Truss	, Inc.	
DOCUMENT NUM	IBER: P1200001755	52	
	s of Amendment and fee are su		
Please return all corr	espondence concerning this ma	atter to the following:	
	Elwood M. Obrig		
		Name of Contact Perso	n
	Elwood M. Obrig	, P.A.	
		Firm/ Company	
	635 W. Highway	, ,	
		Address	
	Clermont, Florida		
	Olermont, Florida		
		City/ State and Zip Cod	e
ob	riglaw@yahoo.cor	n	
		sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
Elwood M. Obrig		at (352	243-2114
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
\$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)
Mailing Address		Street	Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend	ment Section
			n of Corporations
		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



2012 MAR 27 PM 1:56

L.G. Truss, Inc.	SECRETARY OF STATE
(Name of Corporation as currently filed with	the Florida Dept. of State) TALLAHASSEE, FLORIDA
P12000017552	
(Document Number of Corpora	ition (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>on:</u>
N/A	The new
	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
(Matting utilities MAT BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office	e address in Florida, epter the name of the
new registered agent and/or the new registered office ad	ldress:
Name of New Registered Agent N/A	
(Flori	ida street address)
New Registered Office Address: N/A	Elavida
	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered A language languag	Agent: williar with and accept the abligations of the position
NI /A	songanons of the position.
Signature of New Registe	ered 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)

7

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change X Add Remove	v	Bobby Salter .	614 E. Highway 50 Clermont, Florida 34711
2) Change Add Remove	<u>s</u>	Carlos Mendez	
Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

. <u>It ame</u> (a <i>ttaci</i>	ending or adding additional Articles, enter change(s) here: In additional sheets, if necessary). (Be specific)
N/A	
_	
-	
	· · · · · · · · · · · · · · · · · · ·
If an a	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)
N/A	
<u> </u>	

The date of each amendment(s) adoption: March 19, 2012
	March 19, 2012
<u> 12 мруженые</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes o	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated Marc	th 20, 2012
Signature	
(By selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Bobby Salter
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)