

# LO8000115333

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : GASSMAN & ASSOCIATES, P.A.  
Account Number : 075350000514  
Phone : (727)442-1200  
Fax Number : (727)443-5829

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TRUE MARKETING PARTNERS, LLC**

Certificate of Status	0
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JUL 12 2013

T. HARRIS

Fax Audit #  
H130001561003

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

TRUE MARKETING PARTNERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/18/2008 and assigned  
Florida document number L08000115333

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation  
"L.L.C."

Enter new principal offices 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. If amending the registered agent and/or registered office 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 608, 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

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RICHARD DEL RIO	12157 W. LINEBAUGH AVENUE #107	<input type="checkbox"/> Add
		TAMPA, FL 33626	<input checked="" type="checkbox"/> Remove
MGR	RICHARD DEL RIO, JR.	12157 W. LINEBAUGH AVENUE #107	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33626	<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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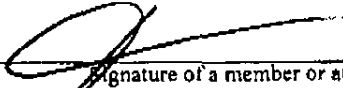
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Dated July 10<sup>th</sup>, 2013



Signature of a member or authorized representative of a member

RICHARD DEL RIO, JR., Member

Typed or printed name of signee

Page 3 of 3

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