

L09000009892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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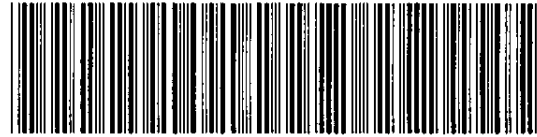
(Business Entity Name)

(Document Number)

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09 NOV 10 PM 3:00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. KOHR

NOV 10 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 183725 7361995  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 NOV 10 PM 3:00

ORDER DATE : November 10, 2009  
ORDER TIME : 12:22 PM  
ORDER NO. : 183725-005  
CUSTOMER NO: 7361995

DOMESTIC AMENDMENT FILING

NAME: TRUE HOLDINGS LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**TRUE HOLDINGS LLC**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 NOV 10 PM 3:00

The Articles of Organization for this Limited Liability Company were filed on January 29, 2009 and assigned  
Florida document number L09000009892.

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**

**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>
MGR	Reynoso Gonzalez, Jose J	150 S.E. 2nd Ave., Suite 1110 Miami, Florida 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Gonzalez Barreto, Victor M	150 S.E. 2nd Ave., Suite 1110 Miami, Florida 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Portocarrero, Miguel S.	150 S.E. 2nd Ave., Suite 1110 Miami, Florida 33131	<input checked="" 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

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

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

Dated November 10, 2009.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Angel M. Garcia-Oliver, Esq.  
Typed or printed name of signee