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COVER LETTER

Division of Corporations				
SUBJECT: TRUE North Holdings, LLC. Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Stanley E. Meuser Name of Person				
Firm/Company				
5050 N. Ocean Dr. # 1802				
Riviera Beach Fl. 33404 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Stanley E. Meuser at (5701) 252-8204 Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy} \\ \text{(additional copy is enclosed)} (additiona				

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF

SECHCIÁRY DE SORFE

Ruc Name of the Limited Liability Company as it now appears on our records.)

(Name of the Limited Liability Company)

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."				
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5050 N. Ocean Dr.			
TIME DU OFFICE AUGUESS MOST BE A STREET ADDRESS	Riviera Beach, Fl. 33404			
Enter new mailing address, if applicable:	5050 N. Ocean Dr.			
(Mailing address MAY BE A POST OFFICE BOX)	Riviera Brach, Fl. 33404			

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:

Stanley E. Illeuse

New Registered Office Address:

5050 N. Ocean Dr. # 1802

Enter Florida street address

KIVIERA BEACH Florid

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.

Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sharon Bock-Meuser	5050 N. Ocean Dr.	Add
		#1804	Remove
		Riviera Bch Fl 339	O Z□ Change
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Note:	tive date, if other than the date of filing:	ant to 605.0207 (3) of be listed as the	(b) :
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	e earlier of:	
Dated	July 6 . 2016. Signature of a member or authorized representative of a member		
	Stanley E. Meuser Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00