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(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	,
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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DIVISION OF CURPORATIONS

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COVER LETTER

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Registration Section

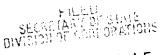
P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations					
SUBJECT:	True Imag	e Marketing, LLC			
		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		Tim Koolidge			
		Name of Person			
	True Image Markting, LLC				
	Firm/Company				
	829 Cinnamon Road				
		Address			
	Nort	h Palm Beach, FL 33408			
	14010	City/State and Zip Code			
		timkoolidge@att.net			
		to be used for future annual report notif	ication)		
For further information co	oncerning this matter, please of	call:			
Tid	m Koolidge	at (561)	758-8250		
Name of Person		Area Code & Daytime Telephone Number			
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &		
		(additional copy is enclosed	f) Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section		STREET/COURI Registration Section	on		
Division	n of Corporations	Division of Corporations			

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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True	e Image Marketing, LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appea lorida Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liab	• •	June 5, 2012	and assigned
Florida document number L120000753			
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	eany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
	 		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	Citv		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 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 **Type of Action Title** <u>Name</u> **Address** Jeff Strahl Treasur 264 Kelsey Park Circle ✓ Add Palm Beach Gardens, FL 33410 Remove Tim Koolidge Treasur 829 Cinnamon Road ☐ Add North Palm Beach, FL 33408 ✓ Remove ☐ Add ☐ Remove Remove ∏Add ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Tim Koolidge Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00