

L12000075351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

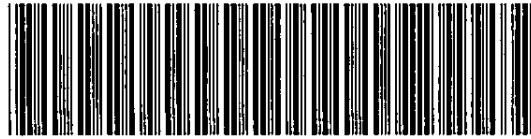
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 SEP 28 PM 1:45

OCT -1 2012  
T. HAMPTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: True Image Marketing, 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:

Tim Koolidge

Name of Person

True Image Marketing, LLC

Firm/Company

829 Cinnamon Road

Address

North Palm Beach, FL 33408

City/State and Zip Code

timkoolidge@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Koolidge

Name of Person

at ( 561 ) 758-8250

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**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

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

Page 1 of 2

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>
Treasur	Jeff Strahl	264 Kelsey Park Circle Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Treasur	Tim Koolidge	829 Cinnamon Road North Palm Beach, FL 33408	<input type="checkbox"/> Add <input checked="" 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

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

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Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Tim Koolidge

Typed or printed name of signee