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**L12000075351**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

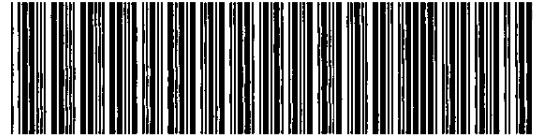
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2013 JAN -8 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JAN -8-2013

## 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 26, 2012

TIM KOOLIDGE  
829 CINNAMON ROAD  
NORTH PALM BEACH, FL 33408

SUBJECT: TRUE IMAGE MARKETING LLC  
Ref. Number: L12000075351

We have received your document for TRUE IMAGE MARKETING LLC and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You have to designate a new Registered Agent if you are removing Spiegel & Utrera, PA and the new Registered Agent must sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 712A00029473

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2013 JAN -8 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

True Image Marketing, 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 June 5, 2012 and assigned  
Florida document number L12000075351.

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)

720 Alamanda Dr.

North Palm Beach, Fl. 33408

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

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

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

Dated \_\_\_\_\_, 2012



Signature of a member or authorized representative of a member

Tim Koolidge

Typed or printed name of signee

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 2013 JAN -8 PM 12:40  
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 TALLAHASSEE, FLORIDA