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SECRETARY OF STATE
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ORIDA



1611 Harden Blvd. Lakeland, FL 33803 863.687.1771 (tel) 863.687.1775 (fax) andy@polklawyer.com

July 11, 2018

Via Certified Mail <u>Return Receipt Requested</u>

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

Re: Articles of Amendment (Name Change) for TRUE LLC, Document No.: L13000118695

and New Corporation True Corp.

Dear Representative:

Please find enclosed two filings, which are related and must be processed in the following order.

First, please process the Articles of Amendment to Articles of Organization filing for **True**, **LLC** which changes that name. Then please process the Articles of Incorporation filing for **True Corp**, which has been submitted in duplicate so that you can process the request for certified copy and certificate of status on that entity.

I have also enclosed a firm check for \$112.50, which represents \$25 for the Amendment for **True**, **LLC** and \$87.50 to cover the filing fee, certified copy and certificate of status for True Corp.

Please call me at (863) 687-1771 with any questions or concerns.

Sincerely Yours.

Reed Mawhipney & Link, PLLC

AMR/alf

Andrew M

Encis.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

True LLC		
(Name of the Limited Liabi (A Florid	ility Company as it now appears on our recorda Limited Liability Company)	<u>(ds.</u>)
The Articles of Organization for this Limited Liability Florida document number L13000118695	Company were filed on 8/22/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
TRUE RESTAURANT OF BOCA RATON, LLC		10 6
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	- Man 20
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6: 29 (ORION
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ds, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	css
		lorida
	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 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.

If 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 of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Add
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Effective da If an effective d	te, if other than the late is listed, the date m	e date of filing: _ ast be specific and can	not be prior to d	iate of filing or mor	e than 90 days aft	t ional) er filing.) Pursuant to 6	05.0207
Note: If the	date inserted in this befrective date on the l	lock does not meet	the applicable	statutory filing	requirements, th	nis date will not be li	sted as
	specifies a delayed day after the re		e, but not a	n effective tir	ne, at 12:01	a.m. on the ear	lier of
JUNE Dated	26	2	018				
		~w) l					
		Signature of a mem	ber or authorize	ed representative o	f a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00