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(Red	questor's Name)	
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K. SALY EXAMINER JAN 10 2014

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

True Realty Group

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:

Jose Orlando Figueroa Jr

Name of Person

True Realty Group

Firm/Company

12021 Blairemont Way

Address

Orlando, Florida 32825

City/State and Zip Code

Jose@TrueRealty.org

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

For further information concerning this matter, please call:

Jose O Figueroa Jr

at (_____)_

、245-6905

Name of Persor

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

QS55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐S60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

(F) 450-456-5040

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL	ED.
14 JAN 10	AH 8: 20
PU.	FLORIDA

True Realty Group		
(<u>Name of the Limited Lighil</u> (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on 12/09/2	013 and assigned
Florida document number L13000169747	 ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	<u>ORESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orida 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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Title** Name Address **Type of Action** Jose Orlando Fi 12021 Blairemont Way MGF MGR Jose Orlando Orlando, Fl. 32825 Figueroa Jr.

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Effective date, if other	than the date of filing:	(optional)
lan 8	than the date of filing: d, the date must be specific and cannot be more than 90 c 2014	(optional) lays after filing.) (605.0207 (3)
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Filing Fee: \$25.00