# 1500091635

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## **COVER LETTER**

TO: Registration Section Division of Corporations	ş <del>i</del> V		· 1,	<b>y</b>
SUBJECT: TRUE QUE		LC		
·	Name of Limited Liabil	lity Company		
The enclosed Articles of Amendment and fe	e(s) are submitted fo	r filing.		
Please return all correspondence concerning	this matter to the fol	lowing:		
Rie	hand W	alker		
TRUE	hand W Na  Realit	me of Person  H LLC  rm/Company	<b>.</b>	
	Blanding	71441455		
Jackso	xwille, Fo	<u> 3224</u>	4	
<u>awshe</u>	cuville, For City/St Lab 40 guurail address: (to be used	cail. COM	oort notification)	
For further information concerning this mat				
Richard Walker Name of Person	a	t ( <u><b>904</b>)</u> 3 Area Code	22-211 Daytime Telepho	one Number
Enclosed is a check for the following amou	nt:			
\$25.00 Filing Fee \$30.00 Filin Certificate	of Status C	5.00 Filing Fee & ertified Copy dditional copy is enclos		\$60.00 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

## TO ARTICLES OF ORGANIZATION OF

True Que	sliter IL	C	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears of Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L</u> 15000091635	were filed on _5	/26/201	15 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	<b>:</b>	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the desig	gnation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	-		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>	
		·	<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:		ur records, <u>ente</u>	the name of the nev
New Registered Office Address:		<u> </u>	
	Enter Florida	street address	
	City	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			24 0000
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	y duties, and I am apter 605, F.S. Or	familiar with and , if this document is
If Char	nging Registered Agent	, Signature of New R	
Page	1 of 3	STAT LORII	<u> </u>

or removed from our records:		
MGR = Manager AMBR = Authorized Member		
<u>Title</u> <u>Name</u>	Address	Type of Action
AMBR Leebert Morgan	5419 Vivera Lu Jacksouville, FL 32240	Add
Morgan	Jacus Cuville, FL 5229	<b>7</b> □ Remove
		Change
		Add
		□ Remove
		Change
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fecti	ve date, if other than the date of filing: (optional) excive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocume	ent's effective date on the Department of State's records.
	and an effect and defected effects. The first of the second effects are second effects and the second effects and the second effects are second effects.
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
,,,,	Jour day after the record is faed.
	1-10/0
ated _	10/6/2015,
	h 1/2 2
	Signature of a member or authorized representative of a member
	Richard Walker
	RICHARCI WAITER
	Typed or printed name of signee
	Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00