# 15000127037

Office Use Only



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2016 MAR TO PM 3: 29

K.S.N.Y EXAMINER MAR 11

### COVER LETTER

то:	Registration Sect Division of Corpo		*	J
SUBJ	ест:	al Scigne L Name of Limi	LC. ited Liability Company	
The en	nclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
		Jennife	r Li Cher Name of Person	
		Jade	2 SCIGNE Firm/Company	
		5804 Rac	Ch Heather tri	
		vairico, F	City/State and Zin Code	
		Jennicer.L' E-mail address: (t	City/State and Zip Code  Che C AMC I 36  to be used for future annual report noti	U, CUM fication)
For fu	rther information con	cerning this matter, please ca		
	Jann 1 Fey Name of F	Li (her Person	at (113) 720 Area Code Daytim	- 471 \ e Telephone Number
Enclos	sed is a check for the	following amount:		
<b>P</b> L \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

		_	2016 Man - EU
<u>J 322 50</u>	11972 LL	- C.	- MAR LO 2
(Name of the Limited (A)  The Articles of Organization for this Limited Liab	Liability Company Florida Limited Lia	as it now appears on ou bility Company)	records.) TALLAHLARY OF 3: 29
The Articles of Organization for this Limited Liab	oility Company w	ere filed on 7	24 12015 and assigned
Florida document number <u>L15000117-03</u>	<del>, }</del>		
This amendment is submitted to amend the follow			
A. If amending name, enter the new name of the	<u>he limited liabilit</u>	y company here:	
(TruMe LLC.)	TryMe	LLC.	
The new name must be distinguishable and contain the work	ds "Limited Liability	Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	- (2 <b>X</b> )		
Transmit was ess in the Billian of the Billian	<u> </u>		
	-		
B. If amending the registered agent and/or	registered offic	e address on our	records, enter the name of the new
registered agent and/or the new registered offic			
Name of New Registered Agent:	Jenni	for Lichen	<i>,</i> 
New Registered Office Address:	580A F	rom Hea	ther tri
		Enter Florida stre	
	<u> 1911100</u>	City	, Florida 🐞 335 <sup>OL</sup> Ç Zip Code
		~,	Zip Couc

#### 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.

Changing Registered Agent, Signature of New Registered Agent

#### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
CEO	Jennicerlicher	5804 Plach Heather tri	Ø Add
	•	<del></del>	☐ Remove
			Change
			🗆 Add
			🗆 Remove
			Change
<del></del>		TALLAHASSET	Change  Remove  Change  Add
			Change Ch
	·		Remove
			Change
<del></del>	<del></del>		Add
		<del></del>	Remove
			Change
			Add
			Remove
			Change

f an ei <b>Note:</b>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
ated	March 7+4 , 2016.
	Ignature of a member or authorized representative of a member
	Jenniver Licher  Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00