

L15000127645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

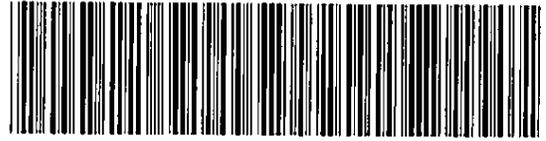
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400379971744

RECEIVED  
FEB -7 AM 10:43  
FALLASSISTANT

RECEIVED  
2022 FEB -7 AM 11:31  
FALLASSISTANT

Y SULKER  
FEB 08 2022

**CT CORP**

**3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724**

**Date:** 02/07/2022

Acc#120160000072

*W: C J W*

Name:	iAgriGroup LLC
Document #:	
Order #:	14138730

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** iAgriGroup 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:

Victor Mancebo  
Name of Person  
TheraTrue, Inc.  
Firm/Company  
5846 South Flamingo Road, Suite 1210  
Address  
Cooper City, FL 33330  
City/State and Zip Code  
victor@theratrue.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor Mancebo at (786) 942-8009  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

iAgriGroup 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 07/27/2015 and assigned Florida document number L15000127645.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

TheraTrue Florida, LLC

The new name must be distinguishable and contain 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)**

4062 Peachtree Road

Suite A300

Atlanta, GA 30319

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

5846 South Flamingo Road

Suite 1210

Cooper City, FL 33330

**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:

5846 South Flamingo Road, Suite 1210

*Enter Florida street address*

Cooper City,

*City*

Florida 33330

*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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Victor E. Mancebo	12973 SW 112TH ST	<input type="checkbox"/> Add
		STE 111	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33186	<input type="checkbox"/> Change
MGR	TheraTrue, Inc.	4062 Peachtree Road	<input checked="" type="checkbox"/> Add
		Suite A300	<input type="checkbox"/> Remove
		Atlanta, GA 30319	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

