

L15000127645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

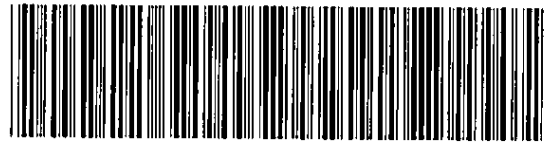
(Business Entity Name)

(Document Number)

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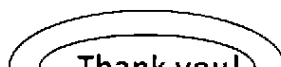
Name:	iAgriGroup LLC
Document #:	
Order #:	14138730

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00



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

Area Code Daytime Telephone Number

Name of Person

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 1.15000127645.

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:

4062 Peachtree Road

(Principal office address MUST BE A STREET ADDRESS)

Suite A300

Atlanta, GA 30319

Enter new mailing address, if applicable:

5846 South Flamingo Road

(Mailing address MAY BE A POST OFFICE BOX)

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,

Florida 33330

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 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
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 7, 2022

DocuSigned by:

44BFE964FB2745D

Signature of a member or authorized representative of a member

Victor Mancebo

Typed or printed name of signee