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S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor									
era u	True Brand	s 1, LLC								
Name of Limited Liability Company										
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.							
Please	return all correspo	ndence concerning this matter	to the following:							
		Mariano Oliva								
			Name of Person							
		True Brand Company, LLG	C							
			Firm/Company							
	1562 N.W. 168th Avenue									
			Address							
		Pembroke Pines, FL 33028	3							
			City/State and Zip Code							
		mariano.oliva@havannausa								
		E-mail address: (to be used for future annual report noti	fication)						
For fur	ther information c	oncerning this matter, please ca	all:							
Maria	no Oliva		954 260-1696 at ()							
	Name o	f Person	at () Area Code Daytim	e Telephone Number						
Enclos	sed is a check for th	ne following amount:								
\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

True Brands 1, 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 April 6, 2016 Florida document number $\underline{L1600006874}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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.

City

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>	Address	Type of Action
MGR	Jacqueline Miguel	c/o Mendez Rothbard Mol	
		2600 Douglas Rd, Suite 501	■ Remove
		Miami, FL 33134	☐ Change
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(If an effective date is lis Note: If the date ins	ted, the date must be spe erted in this block do	ecific and cannot be prior	or to date of filing or n cable statutory filin	(option nore than 90 days after fil g requirements, this da	al) ng.) Pursuant to 605.0207 (ate will not be listed as t
the record specifi) The 90th day a			ot an effective	time, at 12:01 a.r	n. on the earlier of:
Dated13		2020			
	Sol		<u> </u>		
	AC COM-	ure of a member or auth	norized representative	of a member	
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Filing Fee: \$25.00