

L16000121277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

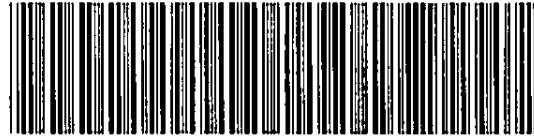
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/30/17--01020--021 **25.00

FILED
17 AUG 17 AM 11:49
TALLAHASSEE, FLORIDA

AUG 17 2017

REC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2017

JAY HARRIS
PO BOX 285
PALM HARBOR, FL 34682

SUBJECT: TRUE-BIZ ASL, LLC
Ref. Number: L16000121277

We have received your document for TRUE-BIZ ASL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 417A00011039

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUE-BIZ ASL, 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:

Keri Brooks
Name of Person

TRUE-BIZ ASL, LLC
Firm/Company

4825 Hummingbird Trail
Address

Palm Harbor, FL 34683
City/State and Zip Code

admin@truebizasl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keri Brooks at (727) 203-4443
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)

[already paid]

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-BIZ ASL, 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 5/17/17 and assigned
Florida document number L16000121777.

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 "L.L.C."

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:

Keri Brooks

New Registered Office Address:

4825 Hummingbird Trail

Enter Florida street address

Palm Harbor

City

Florida

34683

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>
AMBR	Jay Harris	4825 Hummingbird Trail	<input type="checkbox"/> Add
		Palm Harbor, FL 34683	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Keri Brooks	4825 Hummingbird Trail	<input checked="" type="checkbox"/> Add
		Palm Harbor, FL 34683	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

CLASSEE, FLORIDA
AUG 07 4:48 PM '07

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

Change of ownership:

Keri Brooks owns 51% of TRUE-BIZ ASL, LLC
and Jay Harris owns 49% of TRUE-BIZ ASL, LLC.

FILED
17 AUG 17 AM 11:49
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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 August 14, 2017.

Keri Brooks, ~~owner~~ MGR

Signature of a member or authorized representative of a member

Keri Brooks, ~~owner~~ MGR

Typed or printed name of signee