## L17000100042

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J. HARRIS

## **COVER LETTER**

Div	ision of Corp	porations		
CUDIECT.	TRUE D	/LPMNT LLC		
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed	Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	ndence concerning this matter t	to the following:	
		MARSHA SIHA		
			Name of Person	
		INCFILE.COM LLC		
			Firm/Company	
		17350 STATE HWY	249 SUITE 220	
			Address	
		HOUSTON TX 7706	4	
			City/State and Zip Code	
		MARSHA@INCFILE.		
		E-mail address: (I	to be used for future annual report notific	cation)
For further	information c	oncerning this matter, please co	all:	
MARSH	A SIHA		888 462-3453	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	he 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

TO: Registration Section

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 DVLPMNT LLC		
(Name of the Limited Liability Company as i (A Florida Limited Liability	( Company)	
The Articles of Organization for this Limited Liability Company were Florida document number L17000100042	filed on05/04/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability c	ompany here:	
The new name must be distinguishable and end with the words "Limited Liability Co	ompany," the designation "LLC" or s	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
		<del></del>
Enter new mailing address, if applicable:		500 644 7. 4 7. 12
		-
B. If amending the registered agent and/or registered office	address on our records, ent	er the name of the ne
registered agent and/or the new registered office address here:	_	₩.
Name of New Registered Agent:		( , \ \bu
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
	în .	Zıp Code
New Registered Agent's Signature, if changing Registered Agent:		
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete performancept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office addressing the company has been notified in writing of this change.	ormance of my duties, and I a ded for in Chapter 605, F.S. (	m familiar with and Or, if this document is

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If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Harrison Fichtel	350 S Miami Ave, PH109	Add
		Miami FL 33130	□ Remove
			□ Remove
			Add
			Remove
			Add
			□ Remove
			Add
			□ Réinove
			( MC
			D Add
			☐ Remove

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e effective date must be specific, cannot be date this document is filed by the Florid	e prior to date of receipt or filed date and cannot be mo a Department of State)	(optional) are than 90 days after
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Filing Fee: \$25.00