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PICK-UP WAIT MAIL
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JUN 1 4 2021 LALBRITTON FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

	(OFFICE USE ONLY)
Corporation Name & Document No	·
1. <u>BE TRUE LLC</u> L17	7000181292
(Business Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy (please stamp ea	ich page)
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	Amendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
CORP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement
APOSTIL ()	Other
Country	$\wedge \cdot (\cdot)$
	EXAMINER'S INITIALS:

COVER LETTER

Division of Co			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	TYLER A. GOLD, ESQ.		
	BE TRUE, LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: TYLER A. GOLD, ESQ. Name of Person TYLER A. GOLD, P.A. Firm/Company 1250 S. PINE ISLAND RD., #200 Address PLANTATION, FL 33324 City/State and Zip Code TYLER@TYLERGOLD.COM E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: D 1954 Area Code Daytime Telephone Number check for the following amount: alling Fee Certificate of Status Certificate Copy Certificate of Status		
	TYLER A. GOLD, P.A.	are submitted for filing. matter to the following: ESQ. Name of Person P.A. Firm/Company AND RD., #200 Address City/State and Zip Code OLD COM ddress: (to be used for future annual report notification) please call: at (
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	1250 S. PINE ISLAND RI	D., #200	
		Address	
	PLANTATION, FL 3332	1	
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For further information			
TYLER GOLD		954 565-5577	
Name	of Person	at ()	elephone Number
Englosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration		Street Address: Registration Section Division of Corporation	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The state of the s

BE TRUE, 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 I	Liability Company were filed on	and assigned
Florida document number L17000181292	<u>.</u> .	
This amendment is submitted to amend the fol	lowing:	
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," th	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on ou	r records, enter the name of the new registered
agent and/or the new registered office addit		
Name of New Registered Agent:	TYLER A. GOLD, ESQ.	
New Registered Office Address:	1250 S. PINE ISLAND RD., #	
	Enter 1	Florida street address
	PLANTATION	, Florida 33324
	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

Title	<u>Name</u>	Address	Type of Action
			DAdd
			□Remove
			□ Change
			□Add
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Filing Fee: \$25.00