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THE BEAUTY OF THE PROPERTY OF

S. WARREN OCT 2 3 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: True Aliance Pros U.C. 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:
Helisse S. Solvti Name of Person
True Alliance Pro's LLC
7810 CVOSSWater trail Swite 5100
Windermore Florida 34786 City/State and Zip Code
MSPECTI, true Alliance mortagemodi. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MUUSSa Sporti at (45) 100-2780 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Certificate of Status \& \Certificate of Stat

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

ame 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 Florida document number 770001 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 "LAC" or the abbreviation "LAC," 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 City 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 limitity company has been notified in writing of this change.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Seen

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>	Name	Address	Type of Action
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effective date is listed	er than the date of the date must be speci	fire and cannot be pric	or to date of filing or mo	re than 90 days after fi	i al) ling.) Pursuant to 605,0207 (
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	a delayed effect	ive date, but n	ot an effective ti	me, at 12:01 a.i	m. on the earlier of:
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Filing Fee: \$25.00