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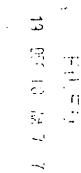
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COVER LETTER

Tallahassee, FL 32314

TO: Registration : Division of Co			
True Blue	Consulting LLC		
SUBJECT:	Name of Lin	nited Liability Company	
Division of Corporations True Blue Consulting 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: Mark B. Avrin Name of Person True Blue Consulting LLC Firm/Company 6596 Marbletree Ln Address Lake Worth, FL 33467 City/State and Zip Code mark@truebluellc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mark Avrin Name of Person Tame of Person Name of Person Street Address: Certificate of Status Mailing Address: Registration Section Division of Corporations Provision of Corporations Street Address: Registration Section Division of Corporations			
Please return all corresp	condence concerning this matter	to the following:	
	Mark B. Avrin		
True Blue Consulting LLC Firm/Company 6596 Marbletree Ln Address Lake Worth, FL 33467 City/State and Zip Code mark@truebluellc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mark Avrin 305 205-9757			
	True Blue Consulting LLC		
	-	Firm/Company	
	6596 Marbletree Ln		
		Address	
	Lake Worth, FL 33467		
			
For further information		•	fication)
	venerally this matter, preuse c		
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
			ction
P.O. Box 63		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

-

True Blue Consulting LLC		
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	5 5
The Articles of Organization for this Limited Liabilit	y Company were filed on	and assigned
Florida document number L18000108981		• •
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words "l	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 AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our records, <u>enter the na</u>	me of the new registere
agent and/or the new registered office address her	<u>c</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin Cada

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>	Address	Type of Action
AMBR	Tina Avrin	6596 Marbletree Ln	
		Lake Worth, FL 33467	
			-
			□Remove
			□Change
			□Add
			□Remove
		-	□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change

Page 2 of 3

Effective date, if other than the date of filing:	
Effective date, if other than the date of filing:	
Effective date, if other than the date of filing:	
Effective date, if other than the date of filing:	
Effective date, if other than the date of filing:	
Effective date, if other than the date of filing: (optional)	
Effective date, if other than the date of filing: (optional)	
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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste document's effective date on the Department of State's records.	.0207 (3 ed as th
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie The 90th day after the record is filed.	er of:
Dated December 4	
Signature of a member or authorized representative of a member	
Mark B. Avrin Typed or printed name of signee	

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Filing Fee: \$25.00