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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone i	¥)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER 0CT 25 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: True Enterprise 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:
Crystal Nigro Name offerson
True Enterprise LLC Firm/Company
5157 S.W. 183 de.
Miramar, Fl. 33029 City/State and Zip Code +rue enterprise e concastinet E-mail address: (to be used for future annual report notification)
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Crystal Nigro at 954 558-9530 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)

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

(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears or liability Company)	our records.)		
The Articles of Organization for this Limited Li Florida document number <u>L18000</u> 2	ability Company	were filed on 0	13/2	2019 and ass	signec
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabil				
Enter new principal offices address, if applic	able:	5157 Miraman	5.W.18	33 rd Ave	•
(Principal office address MUST BE A STREE	T ADDRESS)	Miramar	F1. 33	3029	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	5157 Miramar	5.W.18 , F1.3	3 rd Ave 3029	
B. If amending the registered agent and/ registered agent and/or the new registered of			ır records, <u>en</u>	7 PH	of the ne
Name of New Registered Agent:				2: :3 STATE LOND	·
New Registered Office Address:	5157	5. Will 8 Enter Florida	3 rd A Ve street address	. P	
	Miran	<u>Jar</u>	Florida	330°	29

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 bei or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Ac
MBR	Ron Nigro Living Trust	<u></u>	
		51575.W. 1834 Ave. Miramar, Fl. 33029	□ Remove
MBR	Crystal Nigro Living Trust	<u></u>	
		51575.W.1839Ave.	□ Remove
	•	Miramar, F1. 33029	Change
			🗆 Add
			Remove
			Change
			
			Remove
			□ Change
			□ Remove
	 		
			□ Remove
			□ Change

	
<u></u>	
mee at	
(If an effec Note: It	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 00 th day after the record is filed.
Dated _	October 2 . 2019.
	October 2 2019. Cryptal Nigro Signature of a member or authorized representative of a member

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Filing Fee: \$25.00