

L191000 165 171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

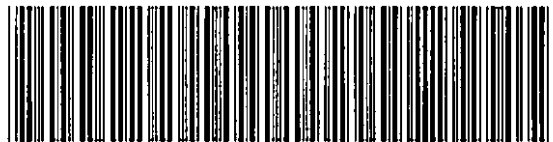
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/25/19--01014--024 **30.00

19 OCT 25 AM 9:29

OFFICE OF THE CLERK
STATE OF NEW YORK
JUDICIAL BRANCH

Amend/name change

FILED

DOUGHERTY

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: True Seven CBD, 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

Tavarus D. Hogans

Name of Person

True Seven

Firm/Company

6298 Pendragon Pl

Address

Jacksonville, FL 32258

City/State and Zip Code

thscout@email.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tavarus Hogans

Name of Person

at (904)

Area Code

415-7266

Daytime Telephone Number

Enclosed is a check for the 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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

19 OCT 25 PM 9:29

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

19 OCT 25 AM 9:29

Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change

[illegible]

(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 605.025

(b) The 90th day after the record is filed.

Dated October 22, 2019

Tavarus Hogan

Typed or printed name of signee