LZO 000013829

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer. |
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Office Use Only



800340485898

g/v.10/25--01019--016 **80.00



C GOLDEN 1002 - 7 2020

COVER LETTER

TO:

Registration Section Division of Corporations

| TRUE P SUBJECT: | ROVIDENCE L.L.C. | | | |
|-----------------------------|--|---|--|--|
| SUBJECT: | Name of Lin | nited Liability Company | | |
| The enclosed Articles | of Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all corres | spondence concerning this matter | to the following: | | |
| | Steven J Mooney Sr | | | |
| | | Name of Person | | |
| | | Firm/Company | | |
| | 11461 Claymont Circ | | | |
| | | Address | | |
| | Winderemere FL 34786 | | | |
| | | City/State and Zip Code | | |
| | stevenmooney01@gmail.co | | - | |
| | | to be used for future annual report not | ification) | |
| For further information | n concerning this matter, please c | all: | | |
| Steven J Mooney Sr | | 321 438-5163 | | |
| Nam | e of Person | Area Code Daytin | e Telephone Number | |
| Enclosed is a check fo | r 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 Add Registration | | <u>Street Address:</u> Registration Se | ction | |
| Division of | Corporations | Division of Cor | Division of Corporations | |
| P.O. Box 6 Tallahassee | 327 s. FL 32314 | The Centre of T 2415 N. Monro | Tallahassee be Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TRUE PROVIDENCE L.L.C. 2070 FTC 10 AH 8: 35

If Changing Registered Agent, Signature of New Registered Agent

| irs on our records.) | , | | |
|--|--------------------------------|--|--|
| 01/07/2020 | and assigned | | |
| | | | |
| ere: | | | |
| designation "LLC" or the abbro | eviation "L.L.C." | | |
| | | | |
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| | | | |
| records, <u>enter the name (</u> | of the new registere | | |
| | | | |
| New Registered Office Address: Enter Florida street address | | | |
| | | | |
| , Florida | | | |
| Florida | Zip Code | | |
| Florida | Zip Code | | |
| | designation "LLC" or the abbre | | |

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 |
|--------------|--------------|----------------------|----------------|
| MGR | frene Ortiz | 11461 Claymont Circ | ≘ Add |
| | | Windermere FL, 34786 | □Remove |
| | | | |
| <u></u> | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
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| | | | Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| <u>.</u> | | | Add |
| | | | □Remove |
| | | | Channes - |

| Irene Ortiz holds a 25% stake | in True Providence L.L.C | | |
|--|---------------------------------------|---|--------------------|
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| ective date, if other than the effective date is listed, the date must | | of filing or more than 90 days after filing.) P | fursuant to 605 02 |
| e: If the date inserted in this blo | ck does not meet the applicable sta | atutory filing requirements, this date wi | ill not be listed |
| ument's effective date on the De | partment of State's records. | | |
| , ,, ,, ,, ,, | | 10.01 | 25.1 |
| cord specifies a delayed effective i filed. | date, but not an effective time, at 1 | 12:01 a.m. on the earlier of: (b) The S | 90th day after th |
| | | | |
| February 7 | 2020 | | |
| | | | |
| | Steven J. H | Plooney presentative of a member | |
| | <u></u> | <u> </u> | |

Filing Fee: \$25.00