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

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## **COVER LETTER**

O: Registration Section Division of Corporations
UBJECT: True Realty Company LLC
Division of Corporations  CCT: True Realty Company LLC  Name of Limited Liability Company  Closed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  Shafeya Anthony  Name of Person  Firm/Company  LLC  Shafeya Anthony  Address  Jacksonwile, F. 32244  City/State and Zip Code  Address  City/State and Zip Code  Ashafeya Cymail. Com  F-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  Apply Name of Person  at (94)  Name of Person  at (95)  Daytime Telephone Number  and is a check for the following amount:  Cortificate of Status  Certificate Opy  Certificate of Status & Certified Copy  Certificate of Status & Certified Copy
The enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Shateya Anthony
Name of Person
Firm/Company
6252 Faulkner Cire
Address
Jacksonulle, fi 32244
ashateya Eymail, COM
or further information concerning this matter, please call:
Shafeya Anthony at 904, 8628028
Treat code 12 ayunc recipitone realization
inclosed is a check for the following amount:

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

True Realty Company Li  (Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records,)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L2000078048</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp  SA PCOHU LLC The new name must be distinguishable and contain the words "Limited Liability Company".	
Enter new principal offices address, if applicable:	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<i>O</i> .
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address
	, Florida
Cin	/m Code

## 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 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
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			□Remove
			□Change
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<u>ote:</u> If t	date, if other than the date of filing:	)5.0207 ( sted as t
ecord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
ated	March 8 2021.	
	Signature of almember or authorized representative of a member	