

L2000280850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

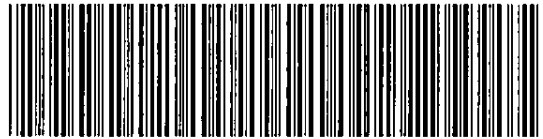
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700436194627

09/12/24--01022--031 **25.00

FILED
2007-12-12 AM 7:40
CLERK OF STATE
TALLAHASSEE, FL

S. HUNT

09/12/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRUE NATIONAL LIFE 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:

GIRALDO, NICOLAS

Name of Person

TRUE NATIONAL LIFE LLC

Firm/Company

3750 NW 87th AVE SUITE 773

Address

DORAL, FL 33166

City/State and Zip Code

llcsmartprep@gmail.com

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

For further information concerning this matter, please call:

GIRALDO, NICOLAS

954 8711597

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 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 NATIONAL LIFE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/14/2020 and assigned
Florida document number L20000280850.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3750 NW 87th AVE SUITE 773

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

3750 NW 87th AVE SUITE 773

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: PEDRO GIRALDO

New Registered Office Address: 10003 NW 89TH Terrace

Enter Florida street address

Doral

City

Florida 33178

Zip 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.

Pedro Giraldo

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>	<u>Address</u>	<u>Type of Action</u>
AP	GIRALDO, NICOLAS		<input type="checkbox"/> Add
		10536 NW 79th ST DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	GIRALDO, PEDRO	10003 NW 89TH Terrace Doral Fl 33178	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 JUN 12 AM 7:40
STATE
ASSIST. FL

RECEIVED
OFFICE OF THE
ATTORNEY GENERAL
TALLAHASSEE, FL
JUN 12 AM 7:40

U.S. DEPARTMENT OF STATE
WASHINGTON, D.C. 20520-1204
OFFICE OF THE ATTACHÉ
AMEMBASSY, TEL AVIV
TEL: 052-2344444
FAX: 052-2344444
E-MAIL: AMEMB.TELAVIV@STATE.GOV
WWW.AMEMB.TELAVIV@STATE.GOV

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 05, 2024

NICOLAS GIRALDO

Typed or printed name of signee

Filing Fee: \$25.00