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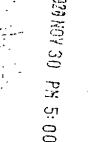
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1AN 12 2021 S. YOUNG

COVER LETTER

Division of Corp			
SUBJECT:	Cardinal C	apital Group Lited Biability Company	LC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	_ Cha	stopher G Rosar	``o
		Firm/Company	
	11460	Cne Ct. Address	
	<u> Kiśsima</u>	City/State and Zip Code	
	E-mail address: (1	al Truestor Dout to be used for future annual report notif	Look. (OM
For further information co	oncerning this matter, please ca	all:	
Chr. Stopher G.	Person	at (407) 433 Area Code Daytime	- 092Z Telephone Number
Enclosed is a check for the			
\$25.00 Filing Fee	S30.00 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 S		<u>Street Address:</u> Registration Sec	stion
Division of Co		Division of Corp	
D.O. Day 6227	•	The Centre of T	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Cardinal</u> Ca	pital Gro			
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L7.0000350458}{}$	were filed on	1/04/202	and assigned	- T
This amendment is submitted to amend the following:			0	11
A. If amending name, enter the new name of the limited liab True Name Capital. The new name must be distinguishable and contain the words "Limited Liab"	LLC		bbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				-
				-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				- -
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, <u>enter the nan</u>	ie of the new registe	- erec
Name of New Registered Agent:				_
New Registered Office Address:	Enter Florida	street address		_
	City	, Florida	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.

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>	Type of Action
			□Remove
			□ Change
			□Add
			□Remove
			□Add
	`		□Remove
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	ayed effective date, bu	it not an effectiv	e time, at 12:0	I a.m. on the c	arlier of: (b)	The 90th day	y after the
record specifies a del is filed.							
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is filed.		- 202					

Filing Fee: \$25.00