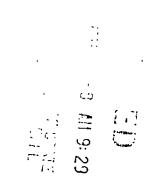
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/08/2021		**WALK IN**
ENTITY NAME TRUE	/ALUE PROLUTIONS, LLC	
DOCUMENT NUMBER_L	21000161304	
	PLEASE FILE THE ATTACHED AND RETURN	
XXXX	Plain Copy Certified Copy Certificate of Status	PASSIALA VINCA
	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments Certificate of Good Standing	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATION NUMBER OF CERTIFICATION		-
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	٠. ١
Please call Tina at the	above number for any issues or concerns, Thank you so m	each!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

True Value Prolutions LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny a <u>s it now appears on our records.</u>) Liability Company)	
ne Articles of Organization for this Limited Liability Company	were filed on 04/07/2021	and assigned
orida document number L21000161304		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	6501 Arlington Expy B105	
Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32211	
		Bolt markets
nter new mailing address, if applicable:		
Jailing address MAY BE A POST OFFICE BOX)		
		····
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		enter the name of the
		22 111
Name of New Registered Agent:		0 0
New Registered Office Address:		F 19
	Enter Florida street address	
		da
	City	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≃ M AMBR= A	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Remove
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<u>te:</u> If the date inserted ir	nan the date of filing:date must be specific and can nathis block does not meet on the Department of State	the applicable statut	iling or more than 90 day tory filing requirement	(optional) s after filing.) Pursuant to 605 0 s, this date will not be listed
record specifies a d he 90th day after tl		, but not an effe	ective time, at 12:	01 a.m. on the earlier
06 / 07 / 2021 ed		·		
FM	10			

Page 3 of 3

Filing Fee: \$25.00