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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT:	The One True Name of Lim	Collection HC ited Liability Company	-
		_	
Please return all correspo	ndence concerning this matter	to the following:	
Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: The the True Called him LLC. Firm/Company 130 Tour Cerker Blue Apt 112 c8 Address Clearnest FL 34714 City/State and Zip Code Benal addless: (to be used for future annual report notification) or further information concerning this matter, please call: The action of Corporations Area Code Daytime Telephone Number S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee			
		' '	
	Clern	City/State and Zip Code	
	tyor.	na Chotmail. (Dication)
For further information c	.	·	incation
- Kame o	na Kitson f Person	at (<u>954)</u> 851- Area Code Daytin	2273ne Telephone Number
Enclosed is a check for th	ne following amount:		
★\$25.00 Filing Fee		Certified Copy	Certified Copy
Registration S	Section	Registration Se	
	•	The Centre of T	Γallahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The One True Colle	
(<u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fil Florida document number 900367745799.	ed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LI.C" or the abbreviation "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 address agent and/or the new registered office address here:	on our records, enter the name of the new register
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>	Name	<u>Address</u>	Type of Action
MGR	Tedrica Adderley	130 Town Center Blvol A	112 08 Add
		130 Town Center Blvol A Clermont, FL 34714	Remove
			□ Change
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Effecti	re date, if other than the date of filing:(optional) trive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
Note:	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
docume	nt's effective date on the Department of State's records.
	and the state of t
d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	June 11 . 2021.
	Signature of a member or authorized representative of a member