## L22000256700

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(64), 546, 54, 16, 16, 17,	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Cartification of Status	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to Filling Officer.	,
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Office Use Only



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## **COVER LETTER**

Division of Corporations		
SUBJECT: True FINANCI.  Name of Limit	al Group LL ted Liability Company	<u></u>
The enclosed Articles of Amendment and fee(s) are subn	nitted for filing.	
Please return all correspondence concerning this matter to	o the following:	
Austr	Love f Name of Person	
True Fir	Firm/Company	LLC
_501 FL Ce	Address HS	20601
longwoo	City/State and Zip Code	
E-mail address: (to	o be used for future annual report notif	lication)
For further information concerning this matter, please ca	H:	
Name of Person	at ( <u>457</u> ) <u>314/-7</u> Area Code Daytime	7 2 3 4/ e Telephone Number
Enclosed is a check for the following amount:		
☐ \$25.00 Filing Fee	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address: Registration Sec	ction
Registration Section	Negistration Sec	

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

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

(Name of the Limited Liability Co	many at it now appears o	n our records.)	
(A Florida Lim	ited Liability Company)	,	
The Articles of Organization for this Limited Liability Comp Florida document number <u>LJ2000 256700</u> .	any were filed on <u>6</u>	-Ce-22	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited  All I have LLC			
The new name must be distinguishable and contain the words "Limited I	liability Company," the design	mation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<del></del>		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our reco	ords, <u>enter the name</u>	of the new register
Name of New Registered Agent:	<u></u>		
New Registered Office Address:	Enter Florida	street address	
		, Florida	
	Сцу	, 1 10/11/14	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:		

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
			□Add
			□Remove
		·	□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
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			□Add
			□Remove

(If an effective 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 605.0207 (3)(  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.  If the record 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 record is filed.  Dated	). If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:  (If an effective date, if other than the date of filing:  (If an effective 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 605.0207 (4)(6)  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.  If the record 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 record is filed.  Dated  O 2 2 3  Signature of a member or authorized representative of a member		
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Dated 6-2-23  Signature of a member or authorized representative of a member	(If an effective Note: If the	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 605.0207 (3)(to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
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Signature of a member or authorized representative of a member  Austria Lowery	Dated	0-2-23
Signature of a member or authorized representative of a member  Austra Lovery		CA
Austin Lovery		Signature of a member or authorized representative of a member
Town Low point A manual of changes	_	Austin Lovery Typed or printy name of signee

Filing Fee: \$25.00