# L23000312474

(Re	equestor's Name)	
(Ac	idress)	
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### **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJEC		Designs LLC		
COBSEC		Name of Lim	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		Hannah True		
		· · · · · ·	Name of Person	
			Firm/Company	
		1119 Magnolia Ave		
			Address	<del></del>
		Sanford, FL 32771		
		hannahtrue2011@yahoo.co	City/State and Zip Code	
		**	to be used for future annual report notifica-	ation)
For furth	er information c	oncerning this matter, please ca	all:	
Hannah '	True		407 923-9330 at ()	
	Name o	f Person	Area Code Daytime T	elephone Number
Enclosed	l is a check for th	ne following amount:		
<b>■ \$25.</b> 0	00 Filing Fee	☐ \$30.00 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 Addres Registration S		Street Address: Registration Secti	on

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



True Home Designs 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 Florida document number L23000312477	were filed on June 29,2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Hannah True LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1119 Magnolia Ave.
(Principal office address MUST BE A STREET ADDRESS)	Sanford, FL 32771
Enter new mailing address, if applicable:	1119 Magnolia Ave.
(Mailing address MAY BE A POST OFFICE BOX)	Sanford, FL 32771
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del>-</del>	, Florida
	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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove

□Change

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lf an effec <mark>Note:</mark> Ti	e date, if other the tive date is listed, the f the date inserted in it's effective date o	date must be speci this block does	fic and cannot not meet the	e applicable :	e of filing or m statutory filin	ore than 90 da g requiremer	(optional) ys after filing.) its, this date w	Pursuant to 605 vill not be list	i,0207 ed as
ne reco	ord specifies a d 90th day after th	elayed effect ne record is f	ive date, l iled.	but not an	effective t	ime, at 12	:01 a.m. o	n the earli	er of
Dated _	11/28		2	<u>023</u> .					
	-	Signature	of a member	or authorized	representative	of a member			
	Hannah True								

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Filing Fee: \$25.00