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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : 120240000004 Phone : (800)638-2320

Fax Number : (775)376-9207

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: britneysimpson23@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRUUE SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

From Corporate Service Center Inc 1.702.507.9682 Thu Jun 19 13:53:15 2025 MDT Page 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2025 JUN 19 AM 11: 08

TRUUE SERVICES LLC	SECRETAR GLAHASS	Y OF STATE FF ELORIDA
(Name of the Limited Liability Company as it now appears on (A Flored Limited Liability Company)	our records.	

The Articles of Organization for this Limited Liability Company	were filed on 09/06/23 and assigned
Florida document number <u>L23000416519</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4834 NW 2Nd Ave #3018
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33441
Enter new mailing address, if applicable:	4834 NW 2Nd Ave #3018
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33441
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
Traine of free Registered Agent.	
New Registered Office Address:	Enter Florida street address

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

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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

Title	Name	Address	Type of Action
MGR	Britney Simpson	.4834.NW.2Nd.Ave.#3018	□ Add
		Boca Raton, FL 33441	☐ Remove
			El Change
			D Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			□ (Thunge
			
			Remove
			Change

• From Corporate Service Center Inc 1.702.507.9682 Thu Jun 19 13:53:15 2025 MDT Page 4 of 4	
D. Hamonding any other information, enter changers) here: Astronomialistics of decessory (a control of the con	
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E. FLORIO	
E. Effective date, if other than the date of filing: N/A (aptional) (If an efficience date is listed, the date must be specific and cancer be poor to threself filing as more than bridge, while date is the date of \$1.000 for the control of the con	
(If an efficiency date is listed, the date must be specific and cannot be poor to due of filing in must than brickly unfor \$1500 and the \$0.3 kers. Note: If the date inverted in this block does not incert the applicable standary filing requirements, that date is slit to listed as fix 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 (a). The 90th day after the record is filed.	
David DUNC 19 Est. RUES.	
Signature of a mendal of combinated topic consists of a member	
Britney Simpson	
Typed or printed name of agree	

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