

L23000451646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

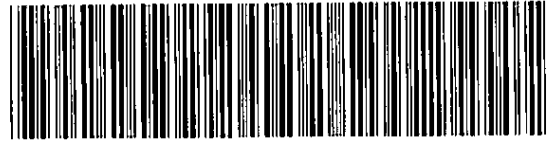
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100418353301

11/13/21 10:12:01 **22.00

11/14/23 KH

SECRETARY OF STATE
TALLAHASSEE, FL

2023 NOV -3 AM10:51

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUE HOME CONSTRUCTION LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Javier Torres

Name of Person

TRUE HOME CONSTRUCTION LLC

Firm/Company

409 E 54 Street

Address

Hialeah, FL 33013

City/State and Zip Code

~~jtorres@sapphiretherapy.com~~

E-mail address: (to be used for future annual report notification)

INFO@TRUEHOMECONSTRUCTION

FILED
2023 NOV -3 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Javier Torres

786

370-3885

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>	<u>Type of Action</u>
MGR	Dania Leyva	409 E 54 Street	<input checked="" type="checkbox"/> Add
		Hialeah, FL 33013	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2023 NOV -3 AM 10:50
SEC. OF STATE
TALLAHASSEE, FL

2023 NOV - 3 AM 10: 50
 SECRETARY OF STATE
 TALLAHASSEE, FL

2023 NOV -3 AM 10:50
SECY-TARY OF STATE
TALLAHASSEE, FL

[illegible]

(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)(b)

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 October 27 2023

Signature of a member or authorized representative of a member

Javier Torres

Typed or printed name of signee