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Office Use Only

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COVER LETTER

	T OFFICE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	——————————————————————————————————————	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael Kaye		
		Name of Person	
	True Grit Office LLC		
		Firm/Company	
	11954 Narcoossee Rd. #16	96	
	-	Address	
	Orlando, FL 32832		
		City/State and Zip Code	
	michael@truegritoffice.con E-mail address: (to be used for future annual report i 	notification)
For further information c	oncerning this matter, please co	all:	
Michael Kaye		954 539-3339	
Name o	f Person	at ()	time Telephone Number
Enclosed is a check for the	he 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 Addres	<u>ss:</u>	Street Address	<u>:</u>

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

Registration Section

Division of Corporations

TO:

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**

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TRUE GRIT OFFICE LLC		0 00		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our Jability Company)	TALL STRESS FI		
The Articles of Organization for this Limited Liability Company Torida document number 1.24000198294				
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	5772 Iron Brand Rd.			
(Principal office address MUST BE A STREET ADDRESS)	Saint Cloud, FL 34771			
	,			
Enter new mailing address, if applicable:	11954 Narcoossee Rd., #166			
Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32832			
•				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new regist		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida Zip Code		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr		ty. I further agree to comply with		

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.

It 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>	Address	Type of Action
MGR	Michael Kaye	5772 Iron Brand Rd	🗀 Add
		Saint Cloud, FL 34771	□Remove
			\bullet Change
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ecord specifies a is filed.	delayed effective d	ate, but not an	effective time	2, at 12:01 a.m	, on the earlier	of: (b) The 9	0th day after the
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Filing Fee: \$25.00