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# **COVER LETTER**

TO:	Registration Se Division of Corp		5 %			
		ential Specialized Aftercare Pr	ogram, LLC	Q		•
SUBJ	ECT:	Name of Limi	ited Liability Company			
		Amendment and fee(s) are sub-				
	•	Sonya P. Johnson	·			
			Name of Person			_
	TruPotential Specialized Aftercare Program, LLC					
	Firm/Company 4846 N. University Drive, Suite 530 Address					_
						_
	City/State and Zip Code  trupotentialenterprise@gmail.com  E-mail address: (to be used for future annual report notification)					
For fu	uther information co	oncerning this matter, please ca	all:			
Sonya	a P. Johnson		754 at (	١	<i>T</i> 77-1795	
	Name of	Person	Area Code	Day	ime Telephone Numb	er
Enclo	sed is a check for th	e following amount:				
□\$	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing I Certified Cop (additional copy)	y	Certifie	eate of Status &

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 HAY 12 AM 11: 39 TruPotential Specialized Aftercare Program, 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 were filed on March 31, 2025 Florida document number L25000154357 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TruPotential Enterprise, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4846 N. University Drive Enter new principal offices address, if applicable: Suite 530 (Principal office address MUST BE A STREET ADDRESS) Lauderhill, Florida 33351 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office 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.

Enter Florida street address

\_. Florida \_\_\_

Please acti my Employer identification Number: 33-4654/92  Please acti my Employer identification N	Please aud my	Employer Identification Number: 33-4654492	- LU
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