## P120000 98592

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## COVER LETTER . . .

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: True Mark Inc.				
DOCUMENT NUM	1BER: P12000098592				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Raymond Grillon				
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person			
	True Mark Inc				
		Firm/ Company			
	909 Trumbull St.				
		Address			
	Deltona, FL 32725				
		City/ State and Zip Code			
		·			
true	markinc@gmail.com	16.6			
	is-mail address: (to be us	sed for future annual report notification)			
For further informati	on concerning this matter, pleas	se call;			
Raymond Grillon		at (321 303-4618			
Name	e of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check f	for the following amount made	payable to the Florida Department of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
An Di P,0	ailing Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## Articles of Amendment to **Articles of Incorporation** of

True Mark Inc					
( <u>Name</u>	of Corporation as curren	tly filed with the Florida Dept.	of State)		
P12000098592					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	,1006, Florida Statutes, this	s Florida Profit Corporation add	opts the following amend	lment(s) to	
A. If amending name, enter the new n	ame of the corporation:				
N/A			The n	u'w	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or	"Co". A professional corporat	rated" or the abbreviat	tion	
B. Enter new principal office address,	if applicable:	909 Trumbull St.			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		Deltona, FL 32725		_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address					
Name of New Registered Agent					
	909 Trumbull St.				
	(Florida street address)				
New Registered Office Address:	Deltona		Florida		
	(City)		(Zip Code)		
New Registered Agent's Signature, if c I hereby accept the appointment as regis			of the position.		
<del></del>	Signature of New	Registered Agent if changing	<del></del>		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Bart Collins	909 Trumbull St.
X Add			Deltona, FL 32725
Remove			
2)Change			
Add			
Remove			<del></del>
3) Change			- 19
Add			SEP SEP
Remove			
4)Change			PR TO
Add			3
Remove			<del></del>
5) Change			<del></del>
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
N/A	
	<del></del>
	<u> </u>
	·
	<u></u>
	19 817 817
	SEP T
	P-3 PM
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	(E)
provisions for implementing the amendment if not contained in the amendment itself:	OF STA
(if not applicable, indicate N/A)	Say E
n/ 15	
<u>//                              </u>	<u> </u>
	·
<del></del>	

	8/28/2019				
The date of each amendment(s) ad	option:		<del>-</del> -		, if other than the
fate this document was signed. 9/1/2	<b>n</b> 19				
Effective date <u>if applicable</u> :					
	(no m	ore than 90 days afte	er amendment file date,	)	
Note: If the date inserted in this bidocument's effective date on the Dep			tory filing requirement	ts, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK C	<u>NE</u> )			
☐ The amendment(s) was/were ado by the shareholders was/were suf			f votes east for the ame	endment(s)	
☐ The amendment(s) was/were app must be separately provided for					
"The number of votes cast			t for approval		
by	(voting gro				
	(voting gro	ш <i>р)</i>	-		
<ul> <li>□ The amendment(s) was/were ado action was not required.</li> <li>□ The amendment(s) was/were ado action was not required.</li> </ul>					
DatedSignature	J-	Tho			_
selected		r - if in the hands of	ectors or officers have a receiver, trustee, or o		19 SI
	Raymond Grillon			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	( T)
	(Typed	or printed name of pe	erson signing)	The state of the s	
	President			FLOR	# #: O::
		(Title of person:	signing)	B <sub>A</sub>	<u>ا</u>