# P1400028382

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Applend, 03-20-15 Dc

#### **COVER LETTER**

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: TRUE EMUNA, JAC.  DOCUMENT NUMBER: T140000 28382		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
CHAIM RUMBERG  Name of Contact Person		
TRUE EMUNA, ZNC		
2835 Holly word Blul. 2rd	Floor	
Hollyword FL 33020		
James Lache Panail.com		
E-mail address: (to be used for future annual reportmetification)		
For further information concerning this matter, please call:		
Name of Contact Person at (786) 384 - 9345  Area Code & Daytime Telephone Number	<b>-</b>	
Enclosed is a check for the following amount made payable to the Florida Department of State:		
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)		
Mailing Address Street Address		
Amendment Section Amendment Section Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building	Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301

# **Articles of Amendment** Articles of Incorporation

### TRUE EMUNA, INC.

#### (Name of Corporation as currently filed with the Florida Dept. of State)

## P14000028382

(Document Number of Corporation (if known)

rsuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment Articles of Incorporation:
If amending name, enter the new name of the corporation:
The new must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the ord "chartered," "professional association," or the abbreviation "P.A."
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS )
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  Tamen Mo LACHS
New Registered Office Address:
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  Signature of New Registered Agent, if changing
Signature of New Incastered Agent, if Changing

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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			<u> </u>
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4) Change		_	
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provisions for implementing the ar	mendment if not co	ation, or cancella ntained in the am	tion of issued share tendment itself:	<u>s,</u>
f an amendment provides for an exprovisions for implementing the an (if not applicable, indicate N/A)	mendment if not co	ation, or cancella ntained in the am	tion of issued share endment itself:	<u>s,</u>
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f an amendment provides for an exprovisions for implementing the air (if not applicable, indicate N/A)	mendment if not co	ation, or cancella	tion of issued share rendment itself:	<u>S.</u>

The date of each amendment(s) adoption: date this document was signed.	, if other than th
Effective date if applicable:  (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
the amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 2/24/15	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
CHAIN BLURERG	<del></del>
(Typed or printed name of person signing)	
TRESIDENT	
(Title of norgan cigning)	