

P18000 0 604 20

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

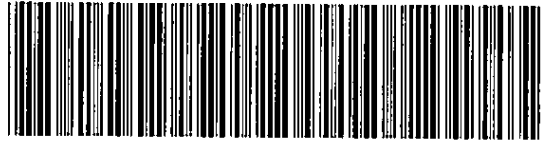
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

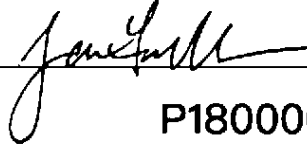
2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

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TRULIEVE INC

P18000060420

BUSINESS NAME

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NEW FILINGS

Profit Corp

Not for Profit

Limited Liability

Domestication

LLLP

CORP

Other

Other

AMMENDMENTS

Amendment

Resignation of R.A. Officer/Director

Change of Registered Agent

Revocation of Dissolution

Merger

Articles of Conversion

Restated Articles of Incorporation

Statement of Authority

OTHER FILINGS

Apostille

Country

Annual Report

Fictitious Name

REGISTRATION/QUALIFICATIONS

Foreign filing

Reinstatement

Qualification

Other

EXAMINER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC

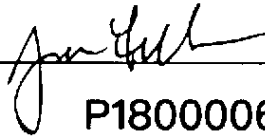
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TruLIEVE INC

DOCUMENT NUMBER: P18000066420

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Pollard
Name of Contact Person

TruLIEVE INC
Firm/ Company

3494 MARTIN HURST RD
Address

TALLAHASSEE FL 32312
City/ State and Zip Code

milke Pollard 3030 ~~agm~~gmd
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Pollard at (904) 376 9763
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment
to
Articles of Incorporation
of

TrueLIVE

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

P18000060420

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Same The new name 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 word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

Same

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

4830 Arid Ave
#2065 Las Vegas NV
89115

D. 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 Same
(Florida street address)
New Registered Office Address: _____, Florida _____
(City) (Zip Code)

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

I 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

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11)(c), F.S.

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>	..
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>	..
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>	..

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Michael Pollard</u>	<u>4830 Arid Ave #2065</u> <u>Las Vegas NV 89115</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Rivers KimBerly</u>	<u>3494 Martin Hurst Rd</u> <u>Tallahassee FL 32312</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Powers Eric</u>	<u>159 E main st</u> <u>Bristol CT 06010</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Michael Pollard</u>	<u>342 Blanding Blvd</u> <u>Orange Park fl</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Michael Pollard</u>	<u>6259 Beach Blvd</u> <u>Jacksonville fl 32216</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Michael Pollard</u>	<u>8355 Baymeadows</u> <u>Rd Jacksonville fl</u> <u>32256</u>

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

updating trust

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: OCT 23-23, if other than the date this document was signed.

Effective date if applicable: OCT 23-23
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

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)

Dated OCT 23-23

Signature RL Beneficiary of Estate
(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)

RL Beneficiary of Estate
(Typed or printed name of person signing)

Michael Pollard Beneficiary of Estate
(Title of person signing)