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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TRUE ENGERY S	SUPPLY, INC	
DOCUMENT NUM	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return ail corre	spondence concerning this ma	tter to the following:	
	LINDA TURNER		
		Name of Contact Person	1
	TRUE ENERGY SUPPLY.	NC.	
		Firm/ Company	
	1521 ALTON ROAD, #528		
		Address	
	MIAMI BEACH, FL 33139		
	<u> </u>	City/ State and Zip Code	
	LATURNER@HYBRIDCG	.СОМ	
		sed for future annual report	notification)
For further information	on concerning this matter, pleas	959	951-4440
Name	of Contact Person	at (Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	■S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	illing Address hendment Section rision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

TRUE ENGERY SUPPLY, INC.

(Name of Company) on an	currently filed with the Florida Dept. of State)
P20000088797	currently med with the Fiorida Dept. of State)
	umber of Corporation (if known)
	tes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpora	ation.
TRUE ENERGY SUPPLY, INC.	
name must be distinguishable and contain the word "corpora	The new nation," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word n "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u>NA</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	777 DEC 2
	<u>.</u>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
NA	mux cost
Name of New Registered Agent	
	lorida street address)
•	
New Registered Office Address:	, Florida (City) (Zip Code)
Name Designation of America Projectors	d Agenti
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	amiliar with and accept the obligations of the position.
Signature o	of New Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	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			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			

. It amending or (Attach additional	adding additional Ar al sheets, if necessary)	ticles, enter chan . (Be specific)	ige(s) nere:			
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If an amendme	<u>nt provides for an exc</u>	<u>change, reclassifi</u>	cation, or cand	ellation of issu	ied shares,	
provisions for	implementing the and icable, indicate N/A)	nendment if not c	ontained in the	<u>e amendment i</u>	<u>tself:</u>	
	ictine, maicale 10A)					
!A 						
						_
					<u> </u>	

The date of each amendment(s date this document was signed.	adoption:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the ame sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
sele	director, president or other officer – if directors or officers have noted, by an incorporator – if in the hands of a receiver, trustee, or obinted fiduciary by that fiduciary) LINDA TURNER (Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	