P240000080100

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COVERLETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TRUE VALUE MA	ANAGEMENT AND SOLU	JTIONS INC	
DOCUMENT NUM	P24000008060			
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	CHRISTOPHER ALVAREZ			
		Name of Contact Person		
	TRUE VALUE MANAGEMENT AND SOLUTIONS INC			
		Firm/ Company		
	5802 DORY WAY			
		Address		
	TAMPA, FL 33615			
		City/ State and Zip Code		
For further information	E-mail address: (to be us on concerning this matter, pleas	sed for future annual report	notification)	
CHRISTOPHER AL	VAREZ	at (<u>813</u>	748-1304	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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 Tallahassee, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED 2024 APR -1 PM 4:00

TRUE VALUE MANAGEMENT AND	SOLUTIONS INC	<u> </u>
(Name o	of Corporation as current	tly filed with the Florida Dept. of State)
P2400008060		The same of the
·	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
name must be distinguishable and contain 'Inc.," or Co.," or the designation "C 'chartered," "professional association,	Corp." "Inc." or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word "
		N/A
3. Enter new principal office address, Principal office address MUST BE A S		
	,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
		-
D. If amending the registered agent ar	nd/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the ne	w registered office addres	55:
Name of New Registered Agent	N/A	
<u> </u>	N/A	
	(Florida s	treet address)
New Registered Office Address:	N/A	. Florida
		(City) (Zip Code)
		·
New Registered Agent's Signature, if o	hanging Registered Ager	nt: with and accept the obligations of the position.
nereny accept the appointment as regis	иетей адени. Тат јатиат	will and decept the bongailons by 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) (e), F.S.

If amending the Officers and/or Directors, enter the title and pame 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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	V	ANA E BATISTA	5802 DORY WAY
X Add			TAMPA, FL 33615
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

 If amending or adding additional Arti (Attach additional sheets, if necessary). 	(Be specific)
N/A	
100000000000000	
	the state of the s
nrovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
WA .	
-	

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	3/15/2024	
The date of each amendment(s) adop date this document was signed.	tion:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendmen	t file date)
Note: If the date inserted in this bloc document's effective date on the Depart	e does not meet the applicable statutory filing retirement of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors with	out shareholder action and shareholder
The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes east ient for approval.	for the amendment(s)
☐ The amendment(s) was/were approving the separately provided for each	red by the shareholders through voting groups. The voting group entitled to vote separately on the	he following statement amendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approv	⁄al
by		."
	(voting group)	
3/14/2024 Dated		
Signature	JV.	
selected, b	tor, president or other officer — if directors or off y an incorporator — if in the hands of a receiver, if fiduciary by that fiduciary)	rustee, or other court
Cł	IRISTOPHER ALVAREZ	
_	(Typed or printed name of person signin	g)
PF	ESIDENT	
	(Title of person signing)	