

L17000190369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

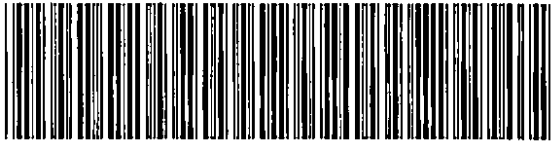
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100315141761

06/29/18--01013--016 \*\*30.00

2018 JUN 29 AM 11:16  
TAX/SYSTEMS

B FIGUEROA  
JUL 05 2018

TO: Registration Section  
Division of Corporations

SUBJECT: Truth Seeker Services, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William C Long  
Name of Person

Truth Seeker Services, LLC  
Firm/Company

1729 Lady Slipper Cir  
Address

Orlando, FL 32825  
City/State and Zip Code

william@truthseekerservices.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William C Long at (407) 970-3880  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION  
OF

Truth Seeker Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02-07-17 and assigned Florida document number L17000190369.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2110 JUN 29 AM 11:16  
Florida Department of Agriculture  
Orlando, Florida

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

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

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent



WE ARE REMOVING HER FROM THE BUSINESS RECORDS BECAUSE OF ALL THE HASSLE DEALING WITH THE IRS REQUIRING A SOCIAL SECURITY NUMBER FOR ALL OFFICERS OF THE BUSINESS SITE IS NOT A U.S. CITIZEN AND THEREFORE DOES NOT HAVE A SSN. IT WILL BE EASIER (LESS HEADACHES) IF WE JUST REMOVE HER AND KEEP IT SOLELY IN MY NAME.

THANK YOU FOR YOUR HELP AND ASSISTANCE WITH THIS.

REGARDS,

WILLIAM LONG

E. Effective date, if other than the date of filing: 06/26/18 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated JUNE 23, 2018

William C Long  
Signature of a member or authorized representative of a member

WILLIAM C LONG  
Typed or printed name of signer

2018 JUN 29 AM 11:16  
DEPARTMENT OF STATE  
ATLANTA OFFICE  
CLERK