L08000064910

	(Requestor's Name)
	(Address)
((Address)
	(City/State/Zip/Phone #)
PICK-UP	P
L PICK-OP	WAIT WAIL
((Business Entity Name)
	L08-64910
1	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	A 1114-
	A. LUNT
	JUL 13 2011
	EVARAIR
	EXAMINER
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SECRETARY OF STATE TALLAHASSEE, FLORIO



July 1, 2011

KIMBERLY TRUELOVE 711 MOSSYROCK AVE. WINTER GARDEN, FL 34787

SUBJECT: THE TRUELOVE GROUP, LLC

Ref. Number: L08000064910

We have received your document for THE TRUELOVE GROUP, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 811A00015925

COVER.LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The Trueloue Group, u.c. 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:		
Kimberly Truelove	7 2	
the Truelove Group, LLC	SEGRETAR SEGRETAR	FILE
711 Mossyrock Ave	12 PH 13 STATE	
Winter Garden, Fl 3478		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Min berly Trueloue at Goy 655-9010 Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified	e of Status &	

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabi (A Florid	lity Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on 07/02	3/08 and assigned
This amendment is submitted to amend the following	3	.
A. If amending name, enter the new name of the l	imited liability company here:	SECRE TA
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Company," the	designation "Lack or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	37 · 57
Enter new mailing address, if applicable:	many mand to specify to the specific to the specifi	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office a	_	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	D Pl	the standard Admin
	Enter Flori	ida street address
	Cin	, Florida
	City	zip Coae

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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Add Remove
			Add Remove
			Ř Pove
			SS SS P
			The Remove
			Remove
D. If amer	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if nece	ssary.)
 -	Article III should	be ammerded as Fo	llows:
_	professional frouth,	Personal Growth, Co	nporal e Growth,
•••	counseling, relati	onship Seminars,	
	educational Cour	ses, photography,	<u>Sales</u>
Dated	July 11 20	oll.	
		r or authorized representative of a member	
	Vande	Truelove or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00