## 117000190369

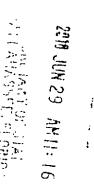
(R	equestor's Name)	
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(C	ity/State/Zip/Phon	ne #)
PICK-UP	MAIT	MAIL
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(D	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

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B FIGUEROA
JUL 05 2018

TO: Registration Sec Division of Corp			
SUBJECT: <u>Trut</u>	h Seeker Servi Name of Lim	tes LLC ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	William (	Name of Person	
	Truth Seek	Firm/Company	. (
		by Slipper Cir	
	Orlando,	FL 32825 City/State and Zip Code	
	William @+	ruth se eker Service. To be used for future annual report no	S. CENT Otification)
For further information co	oncerning this matter, please ca		
Name of	C Long Person	at ( <u>407</u> ) <u>970</u> Area Code Dayti	- 3880 me Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &

CONTRACTOR AND A MAINT

## MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF ORGANIZATION OF

Truth Seeker Se (Name of the Limited Liability (A Florida	rvices LLC y Company as it now appears on ou	ır records <u>.</u> )		
(A Florida	Limited Liability Company)			
The Articles of Organization for this Limited Liability Co	ompany were filed on	07-17	_ and assigned	l
Florida document number <u>L17000190365</u>	<u>.</u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designat	ion "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:		` pa	N3	
Principal office address MUST BE A STREET ADDR	ESS)	· 	<b>3</b>	
			<u> </u>	
		)	62	
Enter new mailing address, if applicable:	_	<u></u>	At ii	
(Mailing address MAY BE A POST OFFICE BOX)		97	= \	
Williams dual ess Will DE II I GOV OF THE BOXY		77	6	
B. If amending the registered agent and/or regist		records, enter the	e name of th	e new
registered agent and/or the new registered office addr	ess nere:			
Name of New Registered Agent:				
-	_			
New Registered Office Address:	Enter Florida stre	et address		
<del></del>	City	, Florida	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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
m/I	AliNA Filip	1729 Lady Slipper Cir	Add
		1729 Lady Slipper Cir Orlando, Fl 32825	Remove
			Change
		<del></del>	🗆 Remove
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			🗆 Remove
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	ECAUSE OF ALL THE HASSLE DEALING WITH THE IRS
_f	REQUIRING A SOUR SECURITY NUMBER FOR ALL
	OFFICERS OF THE BUSINEER SITE IS NOT A U.S.
(	CITIZEN AND THEREFORE DOES NOT HAVE A SSN. IT
	UILL BE EASIER (LESS HEADACHES) IF WE JUST REMOVE
_1	TER AND KEEP IT SOLELY IN MY NAME.
	THANK YOU FUR YOUR HELP AND ASSISTANCE WITH THIS
	REGAKDS,
	WILLIAM 20,26
-	
	e date, if other than the date of filing: $\frac{ \nabla \omega   2\omega   8}{ 8\rangle }$ (optional)
ote: If	the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Fursuant to 605. The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.
ote: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste it's effective date on the Department of State's records.  In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste it's effective date on the Department of State's records.  In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste it's effective date on the Department of State's records.  In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste it's effective date on the Department of State's records.
ocumer e reco	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste it's effective date on the Department of State's records.  rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier.

Page 3 of 3

Filing Fee: \$25.00