## L20000180904

(Req	uestor's Name)	
bbA)	ress)	
	ress)	
(City	/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Name	e)
(Doc	ument Number)	
Certified Copies	Certificates o	of Status
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VLLAHASSEE, FLORIDA

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## **COVER LETTER**

Division of Co		•	,~
	JTH ORGANIZATION LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Jimmy A. Correa		
		Name of Person	
	OWNR THE TRUTH OR	GANIZATION LLC	
		Firm/Company	<del></del> ;
	308 sw 6th ave		
		Address	<del> </del>
	Hallandale, FL 33009		
	jimmy.correa321@gmail.co	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Јітту Согтеа		954 6924594 at ( )	
Name	of Person		e 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)
<u>Mailing Addr</u> Registration		Street Address: Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 DEC 13 PM 12: 45

THE TRUTH ORGANIZATION 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  $\frac{06/29/2020}{2}$ and assigned Florida document number \_\_\_\_\_\_L20000180904 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 "LLC" or the abbreviation "LLC." 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) 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 \_\_

## 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MONICA CARDONA	4330 SW 31 DRIVE	■ Add
		WEST PARK, FL. 33023	□Remove
		···	□ Change
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		<del></del>	□Change
			□ Add
			□Remove
			Change

Other provisions, if any:				
THE PURPOSE OF THIS LIMITE	ED LIABILITY COMPAN	YY IS TO ENGAGE		
IN THE PROFESSIONAL PRACT	TICE OF ADMINISTRAT	IVE CONSULTATION		
SERVICES, INCLUDING BUT NO	OT LIMITED TO, STRA	TEGIC PLANNING.		
SCALING, ORG MANAGEMENT	Γ. AND OTHER RELATE	ED ADVISORY		
SERVICES.				
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tive date, if other than the date of fective date is listed, the date must be spe If the date inserted in this block do nent's effective date on the Departm	ecific and cannot be prior to do ses not meet the applicable			
rd specifies a delayed effective date, iled.	but not an effective time,	at 12:01 a.m. on the earlie	er of: (b) The 90th	h day af
November 22, 2024	JAC			
	<del></del> ' <del></del> '			

Filing Fee: \$25.00

Typed or printed name of signee