

3/29/23, 11:35 AM

Division of Corporations

H230001183203ABCU

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H23000118320 3)))



H230001183203ABCU

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To:

Division of Corporations
Fax Number : (850)517-6383

From:

Account Name : LIVING TRUTH BUSINESS SOLUTIONS INC.
Account Number : F20230000015
Phone : (786)405-2054
Fax Number : (786)233-7125

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@livingt

HONEST BOOKS BY LIVING TRUTH BUSINESS LLC

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

~~THE BIG STRENGTH CORPORATION~~

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Certified Copy	0
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March 29, 2023

FLORIDA DEPARTMENT OF STATE

Division of Corporations

HONEST BOOKS BY LIVING TRUTH BUSINESS LLC
1537 NW 119TH STREET
MIAMI, FL 33167US

SUBJECT: HONEST BOOKS BY LIVING TRUTH BUSINESS LLC
REF: L23000136318

2023-03-30 15:19:13

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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) 245-6050.

Tammi Cline

FAX Aud. #: H23000118320

Regulatory Specialist II Supervisor

Letter Number: 323A00007268

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **HONEST BOOKS BY LIVING TRUTH BUSINESS 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:

Estela Bruno

Name of Person

HONEST BOOKS BY LIVING TRUTH BUSINESS LLC

Firm/Company

1537 NW 119TH STREET

Address

MIAMI, FL 33167

City/State and Zip Code

info@livingtruthsolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Estela Bruno

786 419-1100
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 MAR 30 14:10:14

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HONEST BOOKS BY LIVING TRUTH BUSINESS 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 03/16/2023 and assigned
Florida document number 1.23000136318.

This amendment is submitted to amend the following:

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

Living Truth Bookkeeping LLC

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

Enter new principal offices address, if applicable: n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: n/a

(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:

n/a

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

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>	<u>Address</u>	<u>Type of Action</u>
	n/a	n/a	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2023-03-30 15:33:14

2023-11-30 10:14

Filing Fee: \$25.00