Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H23000118320 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LIVING TRUTH BUSINESS SOLUTIONS INC.

Account Number : 120230000015 : (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.

LIVING TRUTH BUSINESSLIC

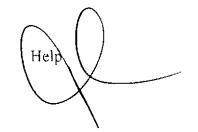
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THE BIG STRENGTH CORPORATION

Certificate of Status	0
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Corporate Filing Menu



To: Diviston of Compration

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17862337125

From: Advanced Multi Service

850-617-6381

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March 29, 2023

FLORIDA DEPARTMENT OF STATE

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

SUBJECT: HONEST BOOKS BY LIVING TRUTE BUSINESS LLC

REF: L23000136318

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 Sec Division of Cor			
	BOOKS BY LIVING TRUTH		
SUBJECT:	Name of Lim	ited Liability Company	
The englosed Articles of	Amendment and fee(s) are sub-	mitted for tiling.	
	ondence concerning this matter		
	Estela Bruno		
		Name of Person	
	HONEST BOOKS BY LI	VING TRUTH BUSINESS LLC	
		Firn/Company	
	1537 NW 119TH STREET		
		Addiess	
	MIAMI, FL 33167		
	w-471 # 1000	City/State and Zip Code	
	info@livingtruthsolutions.c		
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please or	afl:	
Estela Bruno		786 419-1100	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	
Malling Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

To: Division of Corporation Page: 7 of 9 2023-03-30 15:33:10 GMT 17862337125 From Advanced Multi Service

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HONEST BOOKS BY LIVING TRUTH BUSINESS LLC

(Name of the Limited Liability Company as it now annears on our records.)

	(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited L		were filed on 03/16	1/2023	and assigned
Florida document number 1.23000136318				
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	oil <u>ity company here</u>	<u>:</u>	
Living Truth Bookkeeping LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the dest	gnation "LTC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applie	cable:	n/a		P.
• • •				
(Principal office address MUST BE A STREE	ET ADDRESS)			()
Enter new mailing address, if applicable:		n/a		
(Mailing address MAY BE A POST OFFICE	`BOX)			7.
				F
B. If amending the registered agent and/or agent and/or the new registered office addressed agent and/or the new registered office addressed agent:		address on our reco	ords, enter the name of	f the new registered
New Registered Office Address:		Finter Islande	street address	
			Florida	
		•	•	ир Соле
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regional filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office	performance of m provided for in Cha	y dunes, and Lam fam. upter 605, F.S. Or, if t	iliar with and his document is
accept the obligations of my position as reg- being filed to merely reflect a change in the	istered agent as _l registered office	provided for in Che	upter 60 <mark>5</mark> , F.S. Or, if ti	his document i

If Changing Registered Agent, Signature of New Registered Agent

To: Division of Compiration Page: 8 of 9 2023-03-30 15:33:10 GMT 17862337125 From: Advanced Multi Service

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

Title	Name	Address	Type of Action
	n/a	n/a	🗆 Add
		**************************************	□Remove
			Change
			🗆 Add
			□Remove
			2023gs
			□Add ○
			□Remove
			☐————————————————————————————————————
			DAdd
			DAdd
			TChange
			SAdd
		* *** ****	□Remove

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Tective date, if other than the dean effective date is listed, the date must bote: If the date inserted in this blococument's effective date on the Deporture of the date in the Deporture of the	e specific and cannot be prior to k does not meet the applicat	date of filing or more than 90 days	optional) s after filing) Pursment to 605.02 s, this date will not be listed
record specifies a delayed effective o is filed.	late, but not an effective tim	ie, at 12:01 a.m. on the earlier o	of: (b) The 90th day after th
March 28	3023	ac '	
	Estela Bruno		
Si	gnature of a member or author	ized representative of a member	