## N27 00000 9008

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiliess Endry Name)
·
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





800392771268

08/28/22--01009--001 \*\*35.00



## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION:	TRUTHTOLLS CORP.	
DOCUMENT NUMBER:	N 22 000009008	
The enclosed Articles of Amenda	ent and fee are submitted for filing.	
Please return all correspondence of	oncerning this matter to the following:	
	(Name of Contact Person)	
	(Name of Contact Person)	
	EVINTEUS CORP.	
	(Firm/ Company)	
455 NE	St AVENUE D429  (Address)	
	(Address)	202
Deven	Back FL 33483 (City/ State and Zip Code)	2022 AUG 26
	(City/ State and Zip Code)	- 26
	FF CTRUTH TELLS. ORG	· P
E-mail	ddress: (to be used for future annual report notification	)
For further information concerning	this matter, please call:	$\omega$
Jorge	7 BERK at 646	726 (695 (Daytime Telephone Number)
(Nam	of Contact Person) (Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	ng amount made payable to the Florida Department of S	itate:
\$35 Filing Fee	3.75 Filing Fee & \$\sum \\$\\$43.75 Filing Fee & \$\sum \\$\\$52.50 \\ \text{rtificate of Status}  \text{Certified Copy}  \text{Certified Copy is}  \text{Certified Copy is}	Filing Fee cate of Status ed Copy ional Copy is
Mailing Addres Amendment Sec		on

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## Articles of Amendment to Articles of Incorporation

TRUTHTELLS	cort.		
(Name of Corporation as currently	y filed with the Flori	da Dept. of State)	
N 22 0000	09003		
(Document Number	of Corporation (if kn	own)	
Pursuant to the provisions of section 617.1006, Florida Statutes, mendment(s) to its Articles of Incorporation:	this Florida Not For	Profit Corporation adopts the	following
. If amending name, enter the new name of the corporation	<u>n:</u>		ani.
name must be distinguishable and contain the word "corporation  Company" or "Co." may not be used in the name.	on" or "incorporated	" or the abbreviation "Corp." o	_The new or "Inc."
3. Enter new principal office address, if applicable:			<u>_</u>
Principal office address <u>MUST BE A STREET ADDRESS</u> ) -	. <u>-</u>		2027
-		·	) Aug
. Enter new mailing address, if applicable:		÷	26
(Mailing address MAY BE A POST OFFICE BOX)		(1)	<u> </u>
		:	PH 12: 3:
-			<u></u> ယ
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		enter the name of the	
Name of New Registered Agent:			
	(Florida street address)		
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered A learning the appointment as registered agent. I am fam	gent: iliar with and accept t	the obligations of the position.	

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X.Change X.Remove X.Add	PT John Do V Mike Jo SV Sally Sn	<u>nes</u>	
Type of Action (Check One)	Title	Name	Address
1) Change Add Remove	VP	MICHELE BERK	453 NE S'NAVE 13301 DORM B-ALL K 33403
2) Change Add Remove	<u>T</u>	JENNIFER LOWRY	174 WATERCOLDR WAY  103-405  SATE ROSA BEACH FL 3245
3) Change Add Remove			
4) Change Add Remove			0022 AUG 26 PM 12: 33
5) Change Add Remove			2: 33
6) Change Add	<del></del>	·	

utach additional s	heets, if necessary).	(Be specific)	ge(s) here:			
<del></del>	<u>-</u>			<u> </u>		
<u> </u>						
	·			<u>_</u>		
		<del></del>		<u> </u>	<del></del>	
<u> </u>			<u> </u>			
					· <del>-</del>	
				<u> </u>		
					<u></u>	
<del>-</del>	<del></del>	<del></del>			··· ··-	
						202
-					· · ·	202P AUG
		. <u>-</u> .		·		2
<del></del>						6
					SE	PH
					<u> </u>	<u>ب</u> نج
						<u>ω</u> –
					<del></del>	
		<u> </u>	<del></del>			
			·			
			·			

	date of each amendment(s) adoption:, his document was signed.	if other than the
	tive date if applicable:	
	(no more than 90 days after amendment file date)	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	listed as the
Ado	otion of Amendment(s) (CHECK ONE)	
Ø	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 45 vst 25, 2022	
	Signature	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	JOHNSA BOOK	
	(Typed or printed name of person signing)	
	CHA (RMAN)	
		20:
	. <del>-</del> - •	7022 AUG
	~ .	-3
		n □ √ਜੋ}
	E THE STATE OF THE	
		<b>&gt;</b>