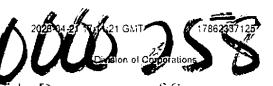
4/21/23, 1:07 P





Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000149558 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LIVING TRUTH BUSINESS SOLUTIONS INC.

Account Number : I20230000015 Phone : (786)405-2054 : (786)233-7125 Fax Number

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

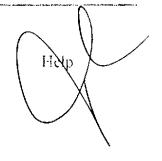
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN THE BIG STRENGTH CORPORATION

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Electronic Filing Menu

Corporate Filing Menu



TO: Amendment Section

Page: 4 of 8

## COVER LETTER

Division of Cor	porations				
NAME OF CORPO	DRATION: DELUXE CUSTO.	M CELLARS INC			
DOCUMENT NUM	4BER: <u>P23000025868</u>				
	es of Amendment and fee are su	binitted for filing.			
	espondence concerning this ma				
	Estela Bruno				
		Name of Centact Person			
	Living Truth Business Solution		· `		
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·		
	1537 NW 119th Street				
		Address			
	Miami, FL 33167				
	City/ State and Zip Code				
	info@livingtruthsolutions.com	n			
	E-mail address: (to be used for future annual report notification)				
For further informat	ion concerning this matter, pleas	se call:			
Estela Bruno		786 at (	405-2054 ode & Daytime Telephone Number		
Nam	e of Contact Person	Area Co	ode & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
<del>А</del> D Р.	hailing Address mendment Section ivision of Corporations O. Box 6327 hillahussee, FL 32314	Amend Division The C 2415	Address diment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	tly filed with the Florida De	pt. of State)
23000025868		
(Document Number	of Corporation (if known)	
ursuant to the provisions of section 607,1006. Florida Statutes, this s Articles of Incorporation:	s Florida Profit Corporation ;	adopts the following amendment(s
If amending name, enter the new name of the corporation:		
VA		The new
ame must be distinguishable and contain the word "corporation," "Inc.," or Ca.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation	" or the abbreviation "Corp.,"
. Enter new principal office address, if applicable:	N A	<i>د</i> . ب
Principal office address <u>MUST BE A STREET ADDRESS</u> )		· ·
	<del> </del>	,
		• • • • • • • • • • • • • • • • • • • •
Enter new mailing address, if applicable:	N/A	:
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	· · · ·	<del>_</del>
		<u>.</u>
. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address  Name of New Registered Agent  N/A		
(Florido s	treet addressi	
New Registered Office Address:	<del></del>	_, Florida
	$i(u_i)$	(7g) Codel
New Registered Office Address:  Sew Registered Agent's Signature, if changing Registered Agenthereby accept the appointment as registered agent. I am jamiliar	iCuy) <u>it:</u> with and accept the obligation	(Zip Code)
Signature of New .	Registered Agent, if changing	
heck if applicable		

 $\square$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Add

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	<u>14</u>	<u>John Doe</u>	
X Remove	$\overline{\Lambda}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	JONATHAN AU	12219 SW 33RD CTMIAME, TE 3.
X Add			
Remove			
2) Change		_	
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5/ Change		<u>.                                    </u>	
Add			<del></del>
Remove			
6) Change			

Page: 7 of 8 2023-04-21 17:11:21 GMT 17862337125 From, Advanced Multi Service

(Attach additional sheets, if necessary). (Be specific)	
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. If an amendment provides for an exchange, reclassification, or cancellation of issued sha	P04
provisions for implementing the amendment if not contained in the amendment itself:	ires.
(if not applicable, indicate N/A)	
'a	
	<del></del>
	· ·

To: Division of Corporations	Page: 8 of 8	2023-04-21 17:11:21 GMT	17862337125	From Advanced Multi Service
	4/23	(/23		
The date of each amenda date this document was sign	nent(s) adoption: gned.	· <del>- ·</del>		, if other than the
Effective date <u>if applicab</u>	03/28/2023 de:	too more than 90 days after amend	dment file date)	
Note: If the date inserted document's effective date		t meet the applicable statutory fili State's records.	ng requirements, this date	will not be listed as the
Adoption of Amendment	t(s) ( <u>CIII</u>	ECK ONE)		
The amendment(s) was action was not required		ncorporators, or board of directors	without shareholder action	and shareholder
	/were adopted by the sl is/were sufficient for ap	hareholders. The number of votes proval.	east for the amendment(s)	
		shareholders through voting group group entitled to vote separately on		
"The number of v	votes cast for the amend	fment(s) was/were sufficient for ap	nprova!	,
by	fyotin	ny group)		-
	110,	(g g) (247)		
4. Dated	21.23	***************************************		22
Signatur	· Emmanu	el Rosario		
		ent of other officer – if directors or porator – if in the hands of a receiv by that fiduciary)		
	Emmanuel R	osario		
	——————————————————————————————————————	Sped or printed name of person sig	gning)	

Vice President