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SECRETARY OF STATE OF STATE OF CORPORATIONS

J. BRYAN
FEB 1 2 2009
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FAITHFULIN TRUE CARPENTRY (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:
NATHON WILLIAMS (Name of Person)
(Name of Person) .
FAITHPULL TON TRUE CHRISTINY
(Firm/Company)
9733 JACKSON Rd
(Address)
JACKSONVILLE, AL 3225
(City/State and Zip Code)
(Address)  JACKSONULUE, FL 3005  (City/State and Zip Code)  For further information concerning this matter, please call:
NATOHAN WILLIAMS at (904) 998-0725  (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# · ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CARPENTRY ILC



FAMEUL IN TRUE C	ARPONTRY LLC  ny as it now appears on our records.)
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LOGOON 277 </u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
FRITHFUL IN TRUE CLEANS	ING LLC.
The new name must be distinguishable and end with the words "Limi "L.L.C."	
Enter new principal offices address, if applicable:	12424 RUNNING RIVER RCL S JACKSONVINE , PL 30005
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE , PL 3005
	12444
Enter new mailing address, if applicable:	THEKSONUME, PL 3005
(Mailing address MAY BE A POST OFFICE BOX)	THEKSONVILLE, PL 3005
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	<u></u> .
Name of New Registered Agent:	RUNNING RIVOR Rd S.
New Registered Office Address: 17474	running Rivor Rd S.

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 608, 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.

(Enter Florida street address)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	<u>Name</u>	<u>Address</u>	Type of Act
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amene	ling any other information, enter c	change(s) here: (Attach additional sheets, if	necessary.)
			09 FEB
	-21-09) January 21°	7009	

Page 2 of 2

Filing Fee: \$25.00