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EXAMINER



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10 JAN 11 PH 2: 32

SECRETARY OF STATE
DIVISION OF COMPORATION

COVER LETTER

	ivision of Co	porations				
SUBJECT	`:	FAI	TH XQ LLC	,		
0020201	-		ited Liability Company			
The enclos	ed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please retu	rn all corresp	ondence concerning this matter	r to the following:			
		ERIC YANKWITT				
			Name of Person			
		ADVISORY TAX SERVICE INC				
			Firm/Company			
		2322 E. OAKLAND PARK BLVD. 2ND FLOOR				
Address						
		CT I	ALIDEDDALE EL 22206			
			_AUDERDALE, FL 33306 City/State and Zip Code			
	200	E-mail address: (to be used for future annual report notificati			
For further	information	concerning this matter, please	call:			
	ERI	C YANKWITT	at (954) 763-28	29 EXT.201		
		of Person	Area Code & Daytime Te	lephone Number		
Englaced in	s a abook for t	the following amount:				
\$25.00		\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,		
\$25.00	I ming i ee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		
:						
: ·	MAII	INC ADDRESS.	STDEET/COUDIED	ANNDESS		
:	Regist	ING ADDRESS:	STREET/COURIER Registration Section			
:	Regist Divisi					

100

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FAITH XQ 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 L	iability Company	were filed on	DEC 11, 2009	and assigned
Florida document numberL0900011	7998			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	oility company ho	ere:	
	N/A	١		
The new name must be distinguishable and end w "L.L.C."	th the words "Lim	ited Liability Com	pany," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applie	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)		·	
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE				
B. If amending the registered agent and			our records, enter th	e name of the new
registered agent and/or the new registered of	ffice address her	<u>·e</u> :		
Name of New Registered Agent:	N/A		<u></u>	
New Registered Office Address:				<u></u>
	E	Enter Florida street addr	ess	
	W		, 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 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.

If Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DAVID DRAKE	16850-112 COLLINS AVE #167 SUNNY ISLES, FL 33160	Add ✓ Remove
MGR_	DAVID DRAKBORG	16850-112 COLLINS AVE #167 SUNNY ISLES, FL 33160	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter c	change(s) here: (Attach additional sheets, if necessary	v.)
_			
_			
Dated	JANUARY 04	2010 G	
	Signature of a m	ember or authorized representative of a member	
		ERIC YANKWITT Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00