

L11000106478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600292959996

12/08/16--01012--011 **25.00

FILED
17 FEB -6 PM 2:45
2017 FEB 08 10:00 AM

O SIMMONS
FEB 08 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2017 FEB -6 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 20, 2017

JAMES BYARS JR
3209 PARKWAY PL
PALM HARBOR, FL 34684

SUBJECT: GOOD FAITH MORTGAGE LLC
Ref. Number: L11000106478

We have received your document for GOOD FAITH MORTGAGE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

PAGE 3 IS MISSING FROM APPLICATION WHICH SIGNATURE IS REQUIRED.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 517A00001265



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2016

JAMES BYARS JR
3209 PARKWAY PL
PALM HARBOR, FL 34684

SUBJECT: GOOD FAITH MORTGAGE LLC
Ref. Number: L11000106478

RECEIVED
2017 JAN -3 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for GOOD FAITH MORTGAGE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 516A00026388

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Good Faith Mortgage 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 Liability Company were filed on 9/16/2011 and assigned Florida document number L11000106478.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Good Faith Consulting LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3209 PARKWAY PLACE
PALM HARBOR, FL 34684

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JAMES L. BYRNS II

New Registered Office Address:

3209 PARKWAY PLACE
Enter Florida street address
Palm Harbor, Florida 34684
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 605, 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.

James L. Byrns II
If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 FEB - 6 PM 2:15
FILED

17 FEB -6 PM 2:45
STATION: 077 277 0000

FILED
17 FEB -6 PM 2:45
SPRINGFIELD, ILL.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JANUARY 30, 2017

James L Byars Jr
Signature of a member or authorized representative of a member

JAMES L BYARS JR
Typed or printed name of signee