## KII 000107515

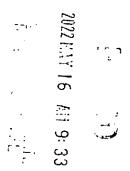
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of 7/10/2022

## **COVER LETTER**

Division of Co	rporations		
	SLIMITED TRANSPORT LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SIMMONS, RUSSELL E		
		Name of Person	<del></del>
	FAITH UNLIMITED TRA	ANSPORT LLC	
	<del></del>	Firm/Company	
	4410 IST AVE S		
		Address	
	ST PETERSBURG, FL 33	711	
		City/State and Zip Code	
	dispatch@faithunlimitedtra		
		to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	all:	
SIMMONS, LINDA G		727 512-1077 at ( )	
Name (	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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



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FAITH UNLIMITED TRANSPO	·
(Name of the Lim	(A Florida Limited Liability Company)
The Articles of Organization for this Limited I Florida document number <u>L11000107815</u>	Liability Company were filed on 09/21/2011 and assigned
This amendment is submitted to amend the fol	lowing:
A. If amending name, enter the new name of	of the limited liability company here:
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 appli	cable:
(Principal office address MUST BE A STREE	ET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	
· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and registered agent and/or the new registered o	Nor registered office address on our records, <u>enter the name of the new office address here:</u>
Name of New Registered Agent:	SIMMONS, RUSSEL E
New Registered Office Address:	4410 IST AVE S
	Emer Florida street address
	ST PETER SRURG

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	PLEASANT TIMES VENTURES LLC	4604 49 St N, STE #402   ST FETERS OURG, FC	33709 ■ Add
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ffective date, if other than the an effective date is listed, the date multiple for the date inserted in this bocument's effective date on the f	lock does not i	meet the app	licable statutor	ng or more than 90 y filing requires	(optional) days after filing.) P nents, this date wi	ursuant to 605,0207 Il not be fisted as
e record specifies a delaye The 90th day after the rec	d effective of	date, but r	not an effec	tive time, at	12:01 a.m. or	the earlier o
MAY 12TH		2022				
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Typed or printed name of signee

Filing Fee: \$25.00