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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Christian Faith Service Name of Limited Link	S. LLC lility Company
The enclosed Articles of Amendment and fee(s) are submitted f	or filing.
Please return all correspondence concerning this matter to the fo	allowing:
Netzaida m	Hernandez
<u> </u>	lame of Person
Christian Fai	h Services, LLC
·	Trin/Company
579 Pian	ex Lane Apt. 9
J	Address
Merritt Isla	nd FL 32953
	NICES & Mail. COM ed for future annual report notification)
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please call:	
Netzoida m. Hernandez Name of Person	321, 501-3175
Name of Person	Area Code Daytime Telephone Number
	٠,٠
Enclosed is a check for the following amount:	NA
Certificate of Status	55.00 Filing Fee & Certified Copy Certificate of Status & Certified Copy additional copy is enclosed) Certified Copy

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L13()\\\ 000323344</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address City 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.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

or removed	from our records:		
MGR = N AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			
			□ Remove
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Page 3 of 3

Filing Fee: \$25.00