

L14000067681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

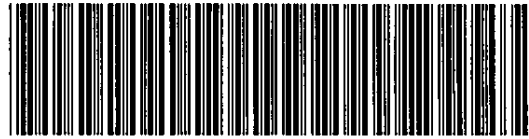
(Business Entity Name)

(Document Number)

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FILED  
SEP 15 2014  
FILING OFFICE OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
SEP 19 2014  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FAITH INVESTMENTS USA LLC

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:

**MONICA GERMAN**

Name of Person

**MG OFFICE SYSTEMS INC**

Firm/Company

**8637 ESCONDIDO WAY EAST**

Address

**BOCA RATON, FL 33433**

City/State and Zip Code

**mgtaxsol@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MONICA GERMAN**

Name of Person

at **954**

Area Code

**554-7424**

Daytime Telephone Number

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2014 SEP 15 PM 1:11  
STATE

Enclosed is a check for the 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:**  
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**

**FAITH INVESTMENTS USA 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 04/25/2014 and assigned Florida document number L14000067681.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

7391 N. STATE ROAD 7  
PARKLAND, FL 33073

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

7391 N. STATE ROAD 7  
PARKLAND, FL 33073

FILED  
SEP 15 2014  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, FLORIDA

**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: SAME

New Registered Office Address: 7391 N. STATE ROAD 7  
*Enter Florida street address*

PARKLAND, Florida 33073  
*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.*

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

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SEP 15 2010  
STATE OF  
ILLINOIS

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

**PLEASE CHANGE ADDRESS TO THE FOLLOWING :**

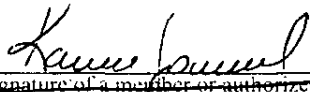
KARINA GAVIRIA : 7405 NW 74TH DRIVE, PARKLAND, FL 33067

DIEGO GAVIRIA : 7405 NW 74TH DRIVE, PARKLAND, FL 33067

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific. cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated       JULY 20             2014      



Signature of a member or authorized representative of a member

**KARINA GAVIRIA**

Typed or printed name of signee

FILED  
SEP 15 2014  
CLERK OF COURT  
STATE OF FLORIDA  
TALLAHASSEE