# L150000 4444L

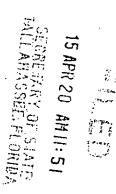
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to F	filing Officer:	

Office Use Only



100271704881

04/20/15--01041--005 \*\*25.00



1 Shivers APR 29 715

## **COVER LETTER**

Division of Cor			•
CJFAITH SUBJECT:	H, 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:	
	Liva Siufanua		
		Name of Person	
	Veil Legal		
		Firm/Company	· <del></del> -
	10421 South Jordan	Gateway, Suite 600	
		Address	
	South Jordan, UT 8	4095	
		City/State and Zip Code	
	Isiufanua@veillegal.c	om to be used for future annual report notific	ontion)
For further information of	concerning this matter, please ca		ation)
Liva Siufanua	one on the state of	877 313-10 <b>4</b> 3	
	f Person	at ( )	l'elephone Number
name o	n Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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:

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

	CJFAITH				
(Name of the Limited (A	Liability Compan Florida Limited Li	y as it now appears on our records ability Company)	P)		
The Articles of Organization for this Limited Liab Florida document number L15000044946  This amendment is submitted to amend the follow.  A. If amending name, enter the new name of the submitted to a	oility Company v	were filed on 3/12/2015	and ass	igned	
The new name must be distinguishable and end with the wo	ords "Limited Liabil	lity Company," the designation "LLG	C" or the abbreviation "I	.L.C."	<del></del>
Enter new principal offices address, if applical	ble:	14391 Spring Hill Drive	Suite 427		
(Principal office address MUST BE A STREET		Spring Hill, FL 34609			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B  B. If amending the registered agent and/oregistered agent and/or the new registered office.)	r registered of		s, enter the name	of the	= new
Name of New Registered Agent:	John Fergus	son	<u> </u>	AP P	و در
New Registered Office Address:	14391 Sprin	g Hill Drive Suite 427	SS	2d	al Properties
	Spring Hill	Enter Florida street addres	orida 346091	AM	m
		City	Zip Code	5	Elmann's
New Registered Agent's Signature, if changing R					مانيان
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has bearth which we will be company has been notified in writing the co	r and complete tered agent as p egistered office	performance of my duties, a provided for in Chapter 605,	nd I am familiar wi F.S. Or, if this doc nat the limited liabi	ith and rument lity	1

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<u></u>		□ Add
			□ Remove
			□ Add
			□ Remove
		•	· · · · · · · · · · · · · · · · · · ·
			Add
			Remove
	<del></del>		Tide APR
			APR PRemove
			O A S
			□ Remove
			Add
			□ Remove

Effe (The the	effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)
the	effective date, if other than the date of filling:  effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)
the	ed
the	ed
the	ed

Page 3 of 3

Filing Fee: \$25.00

15 APR 20 AM II: 51