# 115000167684

Office Use Only



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RETARY OF STATE ALLAHASSEE, FL

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### **COVER LETTER**

Registration Section Division of Corporations

TO:

FAIT	'H INDEPENDENCE	ELLC				
Subsect	15.	Name of Limite	ed Liability Comp	any		
The enclosed Artic	les of Amendment an	d fee(s) are subm	iitted for filing.			
Please return all co	rrespondence concerr	ning this matter to	the following:			
	LUE JIMM	IE JOHNSON				
			Name of Per	son		
	FAITH IN	DEPENDENCE L	LLC			
			Firm/Compa	ıny	· · · · ·	
	456 CANB	Y CIRCLE				
			Address			
	OCOEE, FI	LORIDA,34671				
			City/State and Zi	p Code		
	FAITHIND	EPENDENCELL	C@GMAIL.CO	M		
	· <del></del>	E-mail address: (to	be used for future	annual repor	t notification)	· · · · · · · · · · · · · · · · · · ·
For further informa	tion concerning this r	natter, please call	<b>l</b> :			
LUE JIMMIE JOH	NSON		321 at (	278-583	24	
,	ame of Person		Area Co	de D	aytime Telepho	ne Number
Enclosed is a check	for the following am	ount:				
<b>■</b> \$25.00 Filing I		iling Fee & ate of Status	S55.00 Filin Certified C (additional ed	~		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	tion Section of Corporations		R D T 2-	he Centre 415 N. Mo		see

## ARTICLES OF AMENDMENT

### ARTICLES OF ORGANIZATION

**OF** 

2022 APR -5 AH 6: 59

FAITH INDEPENDENCE LLC

SECRETARY OF STATE

(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 I	Liability Company were f	iled on 10/02/2015	and assigned	
Florida document number L15000167684	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability co	ompany here:		
The new name must be distinguishable and contain the	words "Limited Liability Com	npany," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u> </u>			
B. If amending the registered agent and/or	registered office address	s on our records, enter th	he name of the new registered	
agent and/or the new registered office addre	<u> </u>	3 011 041 1 CCO 1 GS, <u>Elicer 1.</u>	in the state of th	
Name of New Registered Agent:	LUE JIMMIE JOHNS	ON		
New Registered Office Address:	456 CANBY CIRCLE			
	Enter Florida street address			
	OCOEE	, Flor	rida <u>34761</u>	
	Cit		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 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>	Type of Action
			□ Add
			Remove
			Change
			□Add
			□Remove
			☐ Change
			□ Add
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		<i></i>	□ Remove
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(If an effective Note: If th	late, if other than the date of filing:
the record spectord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	3-29-2022  Signature of a member or authorized representative of a member
	LUE-Jimmic Johnson Typed or printed name of signee