<u>L16000091600</u>

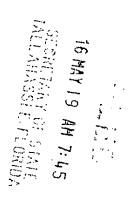
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300285798183

05/19/16--01023--004 **30.00



MAY 21 2016 J SHIVERS

COVER LETTER

TO:	Registration Se Division of Cou			
CUDIC	Faith Const	ulting Family Services LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
	~	Edwards, Verona		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Faith Consulting Family S	ervices LLC	
			Firm/Company	
		5536 Kingswood Drive		
			Address	
		Orlando, Fl 32810		
			City/State and Zip Code	
		faithfamcon@gmail.com	. 1	
For furt	har information o	e-mail address: (oncerning this matter, please c	to be used for future annual report notification	ation)
		oncerning this matter, please c		
Veroa I	Edwards		978 857-2198 at ()	
	Name o	f Person	Area Code Daytime T	elephone Number
Enclose	d is a check for th	ne 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 Consulting Family Services LLC				
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our recomited Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Com	pany were filed on May 10, 2016		and assig	gned
Florida document number L16000091600				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "l	LLC" or the abbrevi	ation "L.L	.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u></u>	اری خیر ۱۳۰۱ - ۲۰۰۱ ۱۳۰۱ - ۲۰۰۱ - ۲۰۰۱ - ۲۰۰۱ - ۲۰۰۱ - ۲۰۰۱ - ۲۰۰۱ - ۲۰۰۱ - ۲۰۰۱ - ۲۰۰۱ - ۲۰۰۱ - ۲۰۰۱ - ۲۰۰۱ - ۲۰۰۱ - ۲	<u></u>	
			MA	
		ン () ()	9	30.
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				\$ 100 × 1
		<u></u>	- -	* a#**
			,	
B. If amending the registered agent and/or register registered agent and/or the new registered office address		ords, <u>enter the</u>	name o	f the ne
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street ad	ldress		
·		, Florida	r. O. I.	
	City	Z	ip Code	
New Registered Agent's Signature, if changing Registered A	gent:			

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>	Address	Type of Action
MGR	Evans, Jodean	5536 Kingswood Drive,	□ Add
		Orlando Fl, 32810	■ Remove
			Change
			Add
			□ Remove
			□ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change

1		
		-
1 13 13 13 13 13 13 13 13 13 13 13 13 13		
		_
		-
		_
		_
	7. S	_
	5.0 =	-
		- -
	<u> </u>	_ <u>{</u>
	C.C. A	_ £ ****
	CALL TO	_
	>	
		_
	- 1	-
		_
	/	
fective date, if other than the date of filing:	(optional) ling or more than 90 days after filing.) Pursuant to 60	5.020
ote: If the date inserted in this block does not meet the applicable statuto cument's effective date on the Department of State's records.	ory filing requirements, this date will not be lis	ited a
	•	
record specifies a delayed effective date, but not an effective 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earl	ier (
May 15, 2016,		
,		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00