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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Faithful Mobility Transport UC 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:
Fabrola Francois Name of Person
Faithful Mobility Transport LLC
1940 Hammack Moss Dr
Orando Fl 32820 City/State and Zip Code
Fodolph 2 4@G mail. (OM) E-mail address: (to be used for livere annual report notification)
For further information concerning this matter, please call:
Pablola Francol 3 at (407) 489 3292 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee. Certificate of Status & \$\Bigcup \$certified Copy (additional copy is enclosed) 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

	TO LES OF ORGANIZATION OF	2017 OCT
Factural Mox	Liability Tompany as it now appears on our Florida Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Liab Florida document number/_[\to\infty] \to\infty] 75	ility Company were filed on $\frac{1}{2}$	$\frac{7}{2017}$ and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the Farth ful Trans The new name must be distinguishable and contain the word	s "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	e address here:	
Name of New Registered Agent:	tabda trancois	<u> </u>
New Registered Office Address:	1940 Hammocle Enter Florida str	MOSS DBIVE eet address 32870
	I^{*}) I_{i} I_{i} I_{i}	(2 & 7.2)

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 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 Type of Action **Address** Title Name. President Roddphe francois 1940 Hammock Mas Dr DAD Odando Pl 32820 _□ Change NEW president fabiola francois 1940 Hummock Moss Dr - Add
Olardo Fl 32820 - Remove _**_**(`hange ☐ Remove ☐.Change □ Add ☐ Remove _□ Change \square \wedge dd □ Remove

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			inot meet the ap nt of State's rec		ory liling requi	irements, thi	s date will not be lis
				not an effe	ctive time,	at 12:01	a.m. on the earl
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d				To		19	- - m
d		Signature	e of a member or	outhorized repre	sentative of a m	- January - Company - Comp	~ m~

Page 3 of 3

Filing Fee: \$25.00