

L170000 29806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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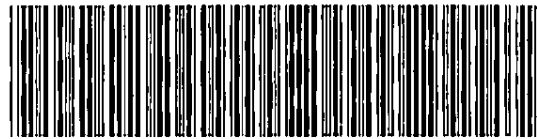
(Business Entity Name)

(Document Number)

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2019 OCT 22 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
OCT 22 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Faith Productions 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:

Jomar Lopez-Rodriguez

Name of Person

Faith Productions LLC

Firm/Company

8216 NW 14 Street

Address

Doral, FL 33126

City/State and Zip Code

dgbusiness50@gmail.com

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

For further information concerning this matter, please call:

Eman Mzeghet at 305 796-0254
Name of Person Area Code Daytime Telephone Number

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 Productions 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 02/07/2017 and assigned
Florida document number 117000029806.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8216 NW 14 Street

(Principal office address MUST BE A STREET ADDRESS)

Doral, FL 33126

Enter new mailing address, if applicable:

8216 NW 14 Street

(Mailing address MAY BE A POST OFFICE BOX)

Doral, FL 33126

**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:

Jomar Lopez-Rodriguez

New Registered Office Address:

8216 NW 14 Street

Enter Florida street address

Doral

Florida 33126

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.

Jomar Lopez

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>	<u>Type of Action</u>
P	Dagmara Dominquez	4380 E. 11 Ave	<input type="checkbox"/> Add
		Hialeah, FL 33013	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
V	Juan Lugo	4380 E 11 Ave	<input type="checkbox"/> Add
		Hialeah, FL 33013	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jomar Lopez-Rodriguez	8216 NW 14 Street	<input checked="" type="checkbox"/> Add
		Doral, FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIR	Rosa Gonzalez	8216 NW 14 Street	<input checked="" type="checkbox"/> Add
		Doral FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

N/A

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated October 4, 2019

Jomar Lopez

Signature of a member or authorized representative of a member

Jonmar Lopez-Rodriguez

Typed or printed name of signee