# L17000124685

(F	Requestor's Name)	
(A	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(E	Business Entity Name)	
([	Document Number)	
Certified Copies	Certificates of s	Status
Special Instructions t	o Filing Officer:	
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Office Use Only



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SERVERY OF STATE

M. MILLIGAN SEP 2 6 2018



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 8, 2018

FAITHFUL ROOFERS LLC ATTN: MICHAEL WILLIAMS 712 SW GENERAL PATTON TERR PORT ST LUCIE, FL 34953

SUBJECT: FAITHFUL ROOFERS LLC

Ref. Number: L17000124685

We have received your document for FAITHFUL ROOFERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 1 is missing from your document. I have enclosed page 1 for your convenience to be completed and returned with the complete application.

NOT SENT WILETTER

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

attached is completed page 1

Michelle Milligan Senior Section Administrator

Letter Number: 018A00018625

1018 SEP 19 FATT: 30

www.sunbiz.org

# **COVER LETTER**

TO: Registration Section. Division of Corporations	•	•
SUBJECT: Faith fil	Lability Company	<u>-</u>
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence concerning this matter	to the following:	
<u>Mick</u>	Marne of Person	ns
Faith	Firm/Company	<u></u>
712 SW	Greneral Part	en Ter
Port St. L	City/State and Zip Code	3
E-mail address: (	a farthful coule	
For further information concerning this matter, please ca	all:	
Mchael Williams Name of Person	at (772) 434 - Daytime	COLC) 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)

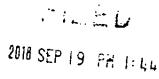
### MAILING ADDRESS:

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



Failah	120060511C	ERATSEE CLOSES
(Name of the Limited Liability (A Florida	y Company as it now appears on our records Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>U[7][7</u>	and assigned
Florida document number <u>L17600124685</u>	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addr		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	
	, Flo	orida 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

or removed fro	om our records:		, -
MGR = Man AMBR = Autl	ager horized Member	•	
<u>Title</u>	Name	Address	Type of Action
UGR	Jessie Bryant	3011 Fairway Dr Ft. Pierce, Fr 34982	Add
	_	Ft. Pierce, Fr 34982	Remove
			Change
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			Change
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			Remove
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E Effect	ive date, if other than the date of filing: $81112017$ (optional)			
(If an ef	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put If the date inserted in this block does not meet the applicable statutory filing requirements, this date will			
docun	then the date inserted in this block does not meet the applicable statutory filing requirements, this date with the date on the Department of State's records.	i not be n	sicu as	uie
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the ear	lier of	•
Dated	8/20/2018			
	donull-Ohla		2010	
	Signature of a member or authorized representative of a member	7 761	SEP	
			9   0	1""
	Mychael Wullans Typed or printed name of signee	- <del> </del>		F
			ममः। भव	٤
	Page 3 of 3	地域の	t.	
	<b>→</b>			

Filing Fee: \$25.00