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COVER LETTER

TO: Registration Section Division of Corpora				
SUBJECT:	Faithful P Name of Limite	COFETS, LC	<u> </u>	
The enclosed Articles of Ame	endment and fee(s) are subm	nitted for filing.		
Please return all corresponde	nce concerning this matter to	the following:		
	Micha	Name of Person	ams	
	Faith	LA ROLES	<u>sllc</u>	
	712 812	Olneral Address	. alten	Tec
	•	City/State and Zip Code	:	
_	Michael (c E-mail address: (to	be used for future annual	report notification	<u>n</u>
For further information conce	erning this matter, please cal	1:		
Michael Wi Name of Per	llans	at (772) Area Code	Daytime Telepl	410 hone Number
Enclosed is a check for the fe	llowing amount:			
\$25.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		□ \$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**

Faithful Katers LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company))
he Articles of Organization for this Limited Liability Company were filed on	and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	`.
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address on our records, egistered agent and/or the new registered office address here:	enter the name of the n
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Flor	rida
City	Zip Code
ew 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jessie Bryant	3011 Fairway Dr	
	· ·	3011 Fairway Dr Ft. Pierce, FL 34982	Remove
			🗆 Change
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Signature of a member or authorized representative of a member	od December 1 2018.	_
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Filing Fee: \$25.00