## 117000237911

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## **COVER LETTER**

TC		gistration Sec ision of Corp		•	
er:	; ;D IECT.		ng Brothers, LLC		
30	BJECT:		Name of Lim	nited Liability Company	
Th	e enclosed	l Articles of A	Amendment and fec(s) are sub	omitted for filing.	
Ple	ease return	all correspor	ndence concerning this matter	to the following:	
			George A. Smith		
				Name of Person	<del></del>
			Faith Walking Brothers, L	LC	
				Firm/Company	<del></del>
			124 Camden Cay Dr		
Address				<del>.</del>	
			Saint Augustine, FL 32086	;	
				City/State and Zip Code	
			FWBTransporting@gmail.c		
			E-mail address: (	to be used for future annual report notific	cation)
For	r further is	nformation co	ncerning this matter, please co	all:	
Ge	orge A Sr	nith		904 814-4294 at ()	
		Name of	Person	Area Code Daytime	Telephone Number
End	closed is a	check for the	e following amount:		
	\$25.00 F	iling 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

Division of Corporations
Clifton Building
2661 Executive Center Circle

Registration Section

STREET/COURIER ADDRESS:

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Faith Walking Brothers, LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on 11/17/2017 and assigned
Florida document number  L17000237911  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
The Articles of Organization for this Limited Liability Company were filed on     11/17/2017	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	7
	<u>.</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u></u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	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.

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	George A Smith	124 Camden Cay Dr. St Augustine,	₩ Add
			Change
			□ Remove
			Change
			□ Remove
		<del></del>	Change
			Remove
			Change
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an cl	fective date, if other than the date of filing:	05.0207 sted as
	cord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the ear $90th$ day after the record is filed.	lier of
ated	11/20/17	
	Signature of a member or authorized representative of a member  Signature of a member or authorized representative of a member  Season A. S.m., Ha  Typed or printed name of signee	
	Signature of a member or authorized representative of a member	

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