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SECRETARY OF STATE TALLAHASSEE, FI DRING

FILED

COVER LETTER

TO	D: Registration Sec Division of Corp			
ci	InFaith Trav			
30			ted Liability Company	
Th	ne enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Ple	ease return all correspor	ndence concerning this matter t	to the following:	
		Mildred Molina		
			Name of Person	···
		InFaith Travel		
			Firm/Company	<u> </u>
		7807 Monarch Garden Cir		
		-	Address	
		Apollo Beach, FL 33572		
			City/State and Zip Code	
		infaithtravel1@gmail.com		
		E-mail address: (t	o be used for future annual report notifi	ication)
Fo	r further information co	ncerning this matter, please ca	11:	
M	ILDRED MOLINA		at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
En	closed is a check for the	e 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

(<u>Name of the Limited Liability C</u> (A Florida Lin	
(ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number L18000063605	pany were filed on 3/12/18 and assigned
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 "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u> </u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent:	s here:
registered agent and/or the new registered office address	Enter Florida street address Enter Florida street address Enter Florida street address
Name of New Registered Agent:	Enter Florida street address Florida City ARR ARR ARR ARR ARR ARR ARR A
registered agent and/or the new registered office address Name of New Registered Agent:	Enter Florida street address City Page 102 A Fig. 79 Florida City A Fig. 79 A Fig. 79 A Fig. 70 A Fig

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>	Name	Address	Type of Action
Mr.	Luis Molina		🗖 Add
		7807 monarch garden circle apollo Apollo Blach, P. 33572	Remove
			Change
Mrs.	Mildred Molina	7807 Monarch Garden Circle Apollo Blach, FL 33672	Add
			Remove
			Change
			🗖 Add
			□ Remove
			Change
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			□ Remove
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Typed or printed name of signee

Filing Fee: \$25.00