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COVER LETTER

Division of Corpo	orations
FAISON &Y	
	Name of Limited Liability Company
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	Tracy Faison
	Name of Person
	Faison & Young LLC
	Firm/Company
	· ·
	2064 View Point Landing Rd
	Address
•	Lakeland Fl 33810
	City/State and Zip Code
	Tracy.Faison@yahoo.com
	E-mail address: (to be used for future annual report notification)
For further information con-	ncerning this matter, please call:
Tracy Faison	863 670-7840
Name of P	erson at () Area Code Daytime Telephone Number
Enclosed is a check for the f	following amount:
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

Faison & Young LLC	
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on 4/1/18	and assigned
Florida document number L18000083690	
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 desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	SEC
	PRONE
	JEARY CO
Enter new mailing address, if applicable:	2 3200
Mailing address MAY BE A POST OFFICE BOX)	- ATA
	မ ေ
B. If amending the registered agent and/or registered office address on ou registered agent and/or the new registered office address here:	r records, enter the name of the r
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida s	treet 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

Title	<u>Name</u>	Address	Type of Action
AMBR	James Young	833 W 14St Lakeland Fl 33805	
			■ Remove
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			□ Remove
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fective date, it	f other than the da	ite of filing: 4/1/	18		(ontie	onal)	
nn effective date is ote: If the date	listed, the date must be inserted in this block ive date on the Depa	e specific and cannot c does not meet the	: applicable sta	f filing or more the tutory filing rec	ian 90 days after	filing \ Pursuant to	605.02 listed
cument's effect	ifiec a dalayed a	ffective date, b	out not an e	ffective time	, at 12:01 a	.m. on the ea	rlier
record spec	after the record						
record spec	r after the record						
nn effective date is ote: If the date	ive date on the Depa	e specific and cannot does not meet the artment of State's r	be prior to date of applicable state ecords.	tutory filing rec	uirements, this	filing.) Pursuant to date will not be	

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Typed or printed name of signee

Filing Fee: \$25.00