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COVER LETTER

SUBJECT:	Faith Base	d Investments L.L.C.		
SOLDIN, I.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	,
Please return	all correspo	ndence concerning this matter	to the following:	
		Gerald Poleon		
		Faith Based Investments L	Name of Person .L.C.	
		403 N. Church Ave	Firm/Company	
		Mulberry, FI 33860	Address	
		doc_ezhomesolution@yaho	City/State and Zip Code o.com	
For further is	iformation co	E-mail address: (concerning this matter, please ca	to be used for future annual report notificall:	cation)
Tzeporaw S	Sahadeo		813 610-8180	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on

Balance Elasous Elas

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Faith Based Investments LLC

Enter Florida street address

. Florida ______ 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
AMBR	Tzeporaw Sahadeo	403 N. Church Ave Mulberry Fl 33860	_
			Aud
			□ Remove
 -			Change
			□ Add
			□ Remove
			□ Change
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ote: If the date inserted in this	block does not meet the applicable sta	atutory filing requirements, this date will not be	
ocument's effective date on the	Department of State's records.		
e record specifies a delayed Γ	ed effective date, but not an e ecord is filed.	effective time, at 12:01 a.m. on the ea	ırlier
July 15	2019		
ated			
	A A		
	Signature of a member or authorized to		_

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Typed or printed name of signee

Filing Fee: \$25.00