L18000 263604

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(D)
(Document Number)
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COVER LETTER

TO: Registration Se		"	•
Division of Cor	•		
SUBJECT: Spending S		nited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Donald Moore		
		Name of Person	
	Spending Spree LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	5325 Cathy St.		023
		Address	
	Milton, Fl 32583		1 -
	buildfaithventures@outlool	City/State and Zip Code	PH 3: 03
	E-mail address: (to be used for future annual report notification)	03
For further information c	concerning this matter, please c	all:	
Donald Moore		850 586-9681 at ()	
Name o	f Person	Area Code Daytime Telephone Nur	nber
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee. ificate of Status & fied Copy ional copy is enclosed)
Mailing Addres		Street Address: Registration Section	
Division of Corporations		Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suit	te 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spending Spree LLC (Name of the Limited Liability Company as	it now appears on our records.)	-
(A Florida Limited Liabili	ty Company)	
The Articles of Organization for this Limited Liability Company were	filed on and a	assigned
Florida document number L18000263604		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	company here:	
Build Faith Ventures LLC		
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation	L.L.C."
Enter new principal offices address, if applicable:	200	
(Principal office address MUST BE A STREET ADDRESS)	<u>ت</u> - :	المتاء -
Trincipal Office address MOST BE A STREET ADDRESS)	, ,	, , , , , , , , , , , , , , , , , , ,
	<u></u>	· ¥
		, <u>, T</u>
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	: 글 · 글 · 글 · 글 · 글 · 글 · 글 · 글 · 글 · 글	
_	; <u>u</u>	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here: Name of New Registered Agent:	ess on our records, enter the name of the r	iew register
New Registered Office Address:	Enter Florida street address	
	Enter i fortaa street address	
	, Florida, Ztp Code	
	Tity Zip Cod	le
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfeacept the obligations of my position as registered agent as provi	formance of my duties, and I am familiar v	with and

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 =	Manag	er

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗀 Add
			Remove
		<u></u>	□ Change
			□Add
			□Remove
			
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ _(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. 29+b. 2023.

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee

Donald Moore