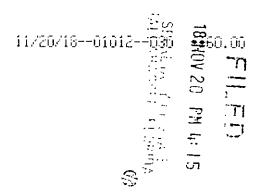
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T SCHROEDER

COVER LETTER

Division of Corporations
SUBJECT: Faith Like Gravity
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
VICTOR E. LANZ
Name of Person
Faith Like Granty
16714 NORWOOD DR.
Tampa, FL. 33624 V. Lanz. 72 @ gmail. com
E-mail address; (to be used for future annual report regulication)
For further information concerning this matter, please call:
VILTOR E. Lanz ::1,305, 781.3066
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25,00 Filing Fee □ \$30,00 Filing Fee & □ \$55,00 Filing Fee & □ \$60,00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) □ \$25,00 Filing Fee & □ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liability Compar (A Florida Limited I.	ny as it now appears on our (ecords.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{-18000264118}{}$	/ /
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	100 100 100 100 100 100 100 100 100 100
	Enter Florida street address
 	Civ Florida - 7 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	= n
I hereby accept the appointment as registered agent and agra- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and fam familian with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
16R	VICTOR E. LANZ	16714 NORWOOD DR.	Add
ţ		16714 NORWOOD DR. Tampa FL 3362	7 Remove
			Change
			□ Add
			□ Remove
			
			_ □ Remove
			_□ Change
			_D Add
			Co Remove
			MO Change
 			
		9	 _□-Remove
			_□ Change
			_O Add
			_□ Remove
			_□ Change

Éffect	
(II an ef <u>Note:</u>	tive date, if other than the date of filing: [coptional] [fective 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) [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records
(If an ef <u>Note:</u> docum the re	tive date, if other than the date of filing: [(optional)] fective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
(If an ef <u>Note:</u> docum the re	tive date, if other than the date of filing:
off an ef <u>Note:</u> docum the re) The	live date, if other than the date of filing: [fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.
off an ef <u>Note:</u> docum the re) The	tive date, if other than the date of filing:

Page 3 of 3

Filing Fee: \$25.00