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COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	Faith Up "L				
Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Jessica Muniz			
			Name of Person		
		Faith Up "LLC"			
			Firm/Company		
		850 Coral Ridge Dr Apt 30)4		
		~	Address		
		Coral Springs, FL 33071			
		in a Color of Samuel and	City/State and Zip Code		
		jessfaithup@gmail.com E-mail address: (t	o be used for future annual report notifi	ication)	
For further in	iformation co	oncerning this matter, please ca	·		
Jessica Mun	iz		954 649-9558 at ()		
Name of Person Area Code Daytime Telephone Numb			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:

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

Faith Up "LLC"		
(Name of the Limited I (A I	Jability Company as it now appears on our florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on 01/31/2019	and assigned
Florida document number L19000031822	·	
This amendment is submitted to amend the following	ng;	
A. If amending name, enter the new name of the	e limited liability company here:	
Faith Up LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company." the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our re	ecords, enter the name of the new
		(3). O
Name of New Registered Agent:		·····
New Registered Office Address:	918	
	Enter Florida sireci	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jessica Muniz	850 Coral Ridge Dr Apt 304 Coral Springs, FL 33071	■ Add
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(If an effective date Note: If the da	, if other than to e is listed, the date in te inserted in this ective date on the	must be specific : block does no	ind cannot be price timeet the appli	or to date of filing of cable statutory f	or more than 90 day:	o ptional) s after filing.) Pr s, this date wi	atsuant to 605.03 Il not be listed	207 (Las t
the record sp The 90th d	ecifies a delay lay after the r	red effective ecord is filed	e date, but n d.	ot an effectiv	e time, at 12:	01 a.m. on	the earlier	of:
June 14		-	2019	·				
Dated	Vissori	/ / -	~ · ·					

Page 3 of 3

Filing Fee: \$25.00