

1900007956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

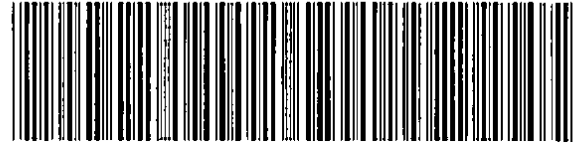
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AND
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2019 MAY 28 AM 8:57

OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

05/28/19--01004--002 **25.00

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19 MAY 28 AM 8:46

OFFICE OF THE CLERK
DIVISION OF CORE OPERATIONS
TALLAHASSEE, FLORIDA

T GLASS

MAY 28 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Faithful Auto Sales
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:

Cyprian Asumua
Name of Person
Faithful Auto Sales
Firm/Company
15217 US highway 19
Address
Hudson FL 34667
City/State and Zip Code
Fastautoland@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cyprian Asumua at (215) 605 7510
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing 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
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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2019 MAY 28 AM 8:57

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Faithful | Auto Sales

(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 3/21/19 and assigned
Florida document number L19000079561

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 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)

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2019 MAY 28 AM 8:57
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

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:

Enter Florida street 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>	<u>Address</u>	<u>Type of Action</u>
<u>Ambr</u>	<u>Davia Dally</u>	<u>3678 Foxcroft Cir</u>	<input checked="" type="checkbox"/> Add
		<u>Oviedo FL 32765</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Ambr</u>	<u>Tahj Derrice</u>	<u>7606 Red mill cir</u>	<input checked="" type="checkbox"/> Add
		<u>New Port Richey FL 34653</u>	<input type="checkbox"/> Remove
		<u>3678 Foxcroft Cir</u>	<input type="checkbox"/> Change
<u>Ambr</u>	<u>Cyprion Asumama</u>	<u>Oviedo FL 32765</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL

2019 MAY 28 AM 8:57
 2019 MAY 28 AM 8:57
 2019 MAY 28 AM 8:57

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(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)

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.

Dated 5, 28, 19

Signature of a member or authorized representative of a member

Typed or printed name of signee