

# L19000279528

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

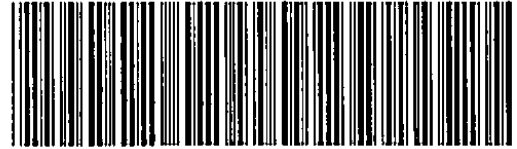
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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4 AM 10:28

AM  
5/22/20

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Investments By Faith LLC

\_\_\_\_\_  
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:

Imani M. Bailey

\_\_\_\_\_  
Name of Person

Investments By Faith LLC

\_\_\_\_\_  
Firm/Company

7705 Nottingham Sky Drive

\_\_\_\_\_  
Address

Apollo Beach, FL 33572

\_\_\_\_\_  
City/State and Zip Code

imanibailey@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Imani M. Bailey

917

226-8798

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

TO  
ARTICLES OF ORGANIZATION  
OF

2020 MAY -4 AM 10: 28

Investments By Faith LLC

(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 11/08/2019 and a  
Florida document number L19000279528.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Imani Monique Enterprise LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "

**Enter new principal offices address, if applicable:**

4700 Millenia Boulevard Suite 175

**(Principal office address MUST BE A STREET ADDRESS)**

Orlando, FL 32839

**Enter new mailing address, if applicable:**

4700 Millenia Boulevard Suite 175

**(Mailing address MAY BE A POST OFFICE BOX)**

Orlando, FL 32839

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

Name of New Registered Agent:

Imani M. Bailey

New Registered Office Address:

7705 Nottinghill Sky Drive

*Enter Florida street address*

Apollo Beach

*City*

Florida 33572

*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 con  
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w  
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this do  
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liab  
company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Ag**

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
_____	_____	_____	<input type="checkbox"/> A
		_____	<input type="checkbox"/> B
		_____	<input type="checkbox"/> C
_____	_____	_____	<input type="checkbox"/> A
		_____	<input type="checkbox"/> B
		_____	<input type="checkbox"/> C
_____	_____	_____	<input type="checkbox"/> A
		_____	<input type="checkbox"/> B
		_____	<input type="checkbox"/> C
_____	_____	_____	<input type="checkbox"/> A
		_____	<input type="checkbox"/> B
		_____	<input type="checkbox"/> C
_____	_____	_____	<input type="checkbox"/> A
		_____	<input type="checkbox"/> B
		_____	<input type="checkbox"/> C

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

N/A

This image shows a single sheet of white paper with horizontal black lines, resembling notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**E. Effective date, if other than the date of filing:** 04/28/2020 (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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 record is filed.

Dated April 28, 2020

Iman. 121. Bailey  
Signature of a member

Signature of a member or authorized representative of a member

Imani M. Bailey

Typed or printed name of signee