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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
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Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section
Division of Corporations

TO:

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	TYRONE DAVIS		
		Name of Person	
·	FAITH & FITNESS LLC		sytime Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Firm/Company	
	107 SPRING GLEN DR		
		Address	
	DEBARY, FL 32713		
		City/State and Zip Code	
	TYDAVIS174@GMAIL.C	OM	
	E-mail address: (to be used for future annual report not	tification)
For further information c	oncerning this matter, please ca	all:	
TYRONE DAVIS		402 510-4940 at ()	
Name o	f Person	Area Code Daytin	me Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addres Registration S	Section	<u>Street Address:</u> Registration Sc	
Division of C P.O. Box 632	•	Division of Co	-
I CLESOV OSZ	1	ine Centre of	i ananassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAITH & FITNESS LLC			
(<u>Name of the Limi</u>	ted Liability Comp (A Florida Limited	pany as it now appears on our records. I Liability Company)	_)
The Articles of Organization for this Limited L	iability Compan	y were filed on JANUARY 24, 202	20 and assigned
Florida document number L20000031236			
This amendment is submitted to amend the following	lowing:		2828 HAY 2
A. If amending name, enter the new name of	of the limited lia	bility company here:	20
NA			mc ==
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the designation "LLC"	or the abbreviationL.L.C."
Enter new principal offices address, if appli	cable:	NA	- R. R.
Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		NA	
Mailing address MAY BE A POST OFFICE	BOX)		
			.
B. If amending the registered agent and/or agent and/or the new registered office addre		e address on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:	NA		
New Registered Office Address:			
-		Enter Florida street address	
		, Flor	rida
		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 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>	Type of Action
AMBR	BRANDON M. WASHINGTON	724 LAKE CHARELS DR	
		DAVENPORT, FL 33837	Remove
			□Change
			□Add
			□ Remove
			□Change
			
			ERemove ALLA YChange SSE
			Add 20 Remove
			□Change
			Change
			
			□Remove
			□ Change

Effective date, if other than the date of filing: (optional) (op							-
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	TYRONE A. DAVIS	or printed name	<i>f</i> :				

Filing Fee: \$25.00