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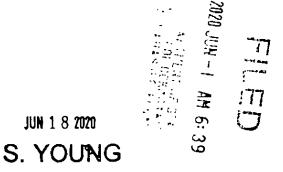
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	of Status
Special Instructions to Fi	iling Officer:	

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Wild Faith	Co. LLC		
300JEC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Valerie Sigamani		
		Name of Person	
	Wild Faith Co. LLC		
		Firm/Company	
	212 Hillcrest Drive		
		Address	
	Avon Park FL 33825		
	4	City/State and Zip Code	
	lizsigamani@gmail.com		<u>.                                    </u>
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	all:	
Valerie Sigamani		269 303-9123	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	ation.
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 632	•	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wild Faith Co. LLC		<b>702</b> 6
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	2020 JUN
The Articles of Organization for this Limited Liability C Florida document number <u>L20000033271</u>	Company were filed on January 27, 2020	and assigned
This amendment is submitted to amend the following:		* ω . ω
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDR	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		<del>,</del>
	Enter Florida street address	
	, Floric	la 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>	Address	Type of Action
AR	Valerie Sigamani	212 Hillcrest Drive Avon Park, FL 33825	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
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If an ef Note:	ive date, if other than the date of filing:
e recor rd is fi	d 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 led.
Dated	Valerie Sigamani 5/20/2020
	Signature of a member or authorized representative of a member