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COVER LETTER

Tallahassee, FL 32314

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SUBJEC	'Y'E'.	y Faith Realty Investments LL	С		
NUDJEC	·!·	Name of Lin	nited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Kalia Nurse			
			Name of Person		
		Walking By Faith Realty I	nvestments LLC		
			Firm/Company		
		3239 NW 203 Lane			
			Address		
		Miami Gardens FL 33056			
			City/State and Zip Code	-	
		kalianurserealtor@gmail.co	City/State and Zip Code		
			•	ification)	
For furthe	er information c	oncerning this matter, please c	all:		
Kalia Nu	rse		786 873-3940		
	Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed	is a check for th	ne following amount:			
\$25.0	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 Addres		Street Address:		
	Registration S Division of C		Registration Se		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Walking By Faith Realty Investments 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 07/29/2020 Florida document number L20000226733 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Walking By Faith Realty LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 11820 SW 245 Terrace Enter new principal offices address, if applicable: Miami FL 33177 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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
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Effective date, if other th (If an effective date is listed, the Note: If the date inserted in document's effective date o	date must be specific and this block does not t	d cannot be prior to meet the applicabl			ig.) Pursuant to	
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April 17		2022			ZUZZ APR 27 SÉCLETARY FALLAHASSET	
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Kalia Nurse					FLORID	

Typed or printed name of signee