

L20000239082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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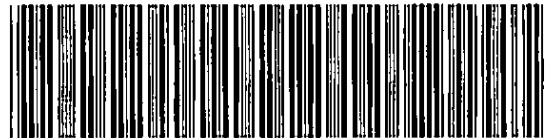
(Business Entity Name)

(Document Number)

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2021 JAN 11 PM 12:49  
TOLSON, KATHLEEN M.

O SIMMONS

JAN 13 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 21, 2020

ALEANDRA PINDER  
2867 FOREST HILL BLVD  
#10  
CORAL SPRINGS, FL 33065

SUBJECT: YOUR FAITH RECRUITMENT & EDUCATION CONSULTANTS BY  
ARP "LLC"  
Ref. Number: L20000239082

We have received your document for YOUR FAITH RECRUITMENT & EDUCATION CONSULTANTS BY ARP "LLC" and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

THE LAST PAGE OF FILING WAS NOT ENCLOSED.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 220A00025778

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Your Faith Recruitment and Education Consultants by ARP "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:

Aleandra Bakeem Pinder

Name of Person

Your Faith Recruitment and Education Consultants by ARP

Firm/Company

2867 Forest Hill Blvd 10

Address

Coral Springs, FL 33065

City/State and Zip Code

aleandra.pinder@hotmail.com

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

For further information concerning this matter, please call:

Aleandra Pinder

Name of Person

at (786)

Area Code

547-1148

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Your Faith Recruitment and Education Consultants 2021 JAN 11 PM 12:49P "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 08/07/2020 and assigned Florida document number L20000239082.

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) \_\_\_\_\_

**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

LED

2021 JAN 11 PM 12:49 Type of Action

Title	Name	Address	Type of Action
MGR	Aleandra Lakeem Pinder	2867 Forest Hill Blvd 10, Coral Springs, FL 33065	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Laron Astwood	2867 Forest Hill Blvd 10, Coral Springs, FL 33065	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Arnold Pinder Jr	2867 Forest Hill Blvd 10, Coral Springs, FL 33065	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Eunice Pinder	2867 Forest Hill Blvd 10, Coral Springs, FL 33065	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Anya R. Pinder	2867 Forest Hill Blvd 10, Coral Springs, FL 33065	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Chesa J Duncombe	2867 Forest Hill Blvd 10, Coral Springs, FL 33065	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change

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

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2021 JAN 11 PM 12:49  
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TALLAHASSEE, FL

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 605.0207 (3)(b)

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

Dated \_\_\_\_\_

Aleandra F. Pinder

Signature of a member or authorized representative of a member

Aleandra Aakeem Pinder

Typed or printed name of signee