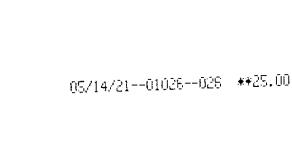
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(Requestor's Name)				
(Ad	dress)			
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(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Bu	siness Entity Nar	rie)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
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Special Instructions to	Filing Officer:			
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Office Use Only





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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	faithful	Her	
	Name of Lim	ited Liability Company	
The enclosed Articles of	「Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Marcia	Johnson	
	faithf	Name of Person Name of Person	
	8179 N	university M	ne Aprilo2
	Tamarac	City/State and Zip Code	3332L = 1
	John Son a E-mail address: (Marcia Com al lo to be used for future annual report noti	ication)
For further information (concerning this matter, please ca	all:	
Marcia J	John Son of Person	at (<u>954)</u> 477 Area Code Daytim	2748 e Telephone Number
Enclosed is a check for t	he 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

Paite	ful 1	der	LLC			
(<u>Name of the Limited Lia</u> (A Flo	bility Company 2 rida Limited Liabi	s it now appears lity Company)	on our records))		
The Articles of Organization for this Limited Liability Florida document number <u>220003</u>	y Company wer 3014	e filed on <u>O</u> 3	chler	19,20G) nd assi	gned
This amendment is submitted to amend the following	.:					
A. If amending name, enter the new name of the l	RCUI	-LC	-	or the abbreviat	ion.äll.	
Enter new principal offices address, if applicable:				: •	6H 17	4. T-41 2 1
(Principal office address MUST BE A STREET AD	DRESS)		*			* := ** * * * * *
	_				PH 2:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	. <u>-</u>			····	- :-	
B. If amending the registered agent and/or registered agent and/or the new registered office address her		ess on our re	cords, <u>enter th</u>	ie name of th	ne new	registerec
Name of New Registered Agent:						
New Registered Office Address:		Enter Flori	da 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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			22 The Change
			Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Chausa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. Signature of a member or authorized representative of a member

Filing Fee: \$25.00