## h21000212078

| (Re                       | questor's Name)     |          |
|---------------------------|---------------------|----------|
| (Ad                       | dress)              |          |
|                           | dress)              |          |
| (Au                       | uiess)              |          |
| (Cit                      | y/State/Zip/Phone # | 7)       |
| PICK-UP                   | WAIT                | MAIL     |
| (Bu                       | siness Entity Name  | )        |
| (Do                       | cument Number)      | ·        |
| Certified Copies          | _ Certificates o    | f Status |
| Special Instructions to I | Filing Officer:     |          |
|                           |                     |          |
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O SIMMONS

## **COVER LETTER**

| Division of Co.   |  |  |
|---|--|--|
| SUBJECT: Hyly   | ted Faith LLC                                |  |
| 30b3EC1,  |  | nited Liability Company  |
|   |  |  |
| The enclosed Articles of  | Amendment and fee(s) are su                  | bmitted for filing.  |
| Please return all correspo  | ondence concerning this matte                | to the following:  |
|   | Jose T. Carde                                | nas  |
|   |  | Name of Person   |
|   | Ну   | lyted Faith LLC  |
|   |  | Firm/Company   |
|   | 220 Riversi                                  | de Ave Unit# 336   |
|   |  | Address  |
|   | Jackson                                      | ville, FL 32202  |
|   |  | City/State and Zip Code  |
|   | teo.cardenas                                 | (to be used for future annual report notification)   |
| For further information c   | oncerning this matter, please o              |  |
|   | •  |  |
| Jose T. Cardenas  | f Person                                     | at ( 423 ) 580-6178  |
| Name o.   | reison                                       | Area Code Daytime Telephone Number   |
| Enclosed is a check for th  | ne following amount:                         |  |
| □ \$25,00 Filing Fee  | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address<br>Registration S<br>Division of Co<br>P.O. Box 632<br>Tallahassee, F | ection<br>orporations<br>7                   | 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

| Hylyted Faith LLC  | 7471 JULI 21 PH 5: 2                                      | 3                                      |
|--|---|--|
| (Name of the Limited Liability (<br>(A Florida Li  | Company as it now appears on our mited Liability Company) | r records.)                            |
| The Articles of Organization for this Limited Liability Con  | npany were filed on " May 0                               | <b>6, 2021</b> and assigned            |
| Florida document number L21000212078   |   |  |
| This amendment is submitted to amend the following:  |   |  |
| A. If amending name, enter the new name of the limited   | d liability company here:                                 |  |
| The new name must be distinguishable and contain the words "Limited  | d Liability Company," the designati                       | on "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:  | <del> </del>  |  |
| (Principal office address MUST BE A STREET ADDRES  | <u> </u>  |  |
|  |   | <del> </del>                           |
|  |   |  |
| Enter new mailing address, if applicable:  |   |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |  |
|  |   |  |
| B. If amending the registered agent and/or registered o agent and/or the new registered office address here: | ffice address on our records                              | , enter the name of the new registered |
| Name of New Registered Agent:  |   | <u> </u>                               |
| New Registered Office Address:   |   |  |
|  | Enter Florida stre  | et 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 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 221 JUN 24 PN 5: 23    | Type of Action |
|--------------------|----------------|--------------------------------|----------------|
| MGR Anselmo Aponte | Anselmo Aponte | 6301 S Westshore Blvd Apt 1716 | <b>X</b> I Add |
|                    |                | Tampa, FL 33616                | □Remove        |
|                    |                |                                | □Change        |
|                    |                |                                | □Add           |
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|                            | 2321 JUN 24 PM 5: 23  |
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|                            | - <del></del>   |
| (If an ef<br>Note:         | tive date, if other than the date of filing:  [Tective 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 (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| If the reco<br>record is f | ord 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 filed.   |
| Dated                      | June 16 , 2021  |
|                            | Signature of a togriber or authorized representative of a member  |

Typed or printed name of signee

. . . . .