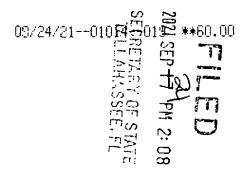
人21000312343

(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Codified Coning Codification of Chatter
Certified Copies Certificates of Status
Special Instructions to Filips Officer
Special Instructions to Filing Officer:





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US 10/2/21

COVER LETTER

TO: Registration Section Division of Corpora		
SUBJECT: Sec M	Y Faith Enterprise LLC Name of Limited Liability Company	
	ndment and fee(s) are submitted for filing. ce concerning this matter to the following:	
	Sharkhonda M Frazier Name of Person See My Faith Enterprise LLC Firm/Company 11746 Rapid River Ct. Jacksonville, FL 32219 Address Jacksonville, FL 32219 City/State and Zip Code Frazier Sharrhonda @ amail. Com E-mail address: (to be used for future annual report notification)	
For further information concer		
Shar Rhunda Name of Pers	Frazier at (904) 554-5305 Area Code Daytime Telephone Number	
Enclosed is a check for the fol □ \$25.00 Filing Fee	lowing amount: \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certificate of Status &

(additional copy is enclosed)

Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Show My Faith	n Enterprise LLC	
	ility Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number <u>L21000312343</u>	Company were filed onO7 / C	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
See My Faith Enterpi		202 SE
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	1"LLC" or the abbreviation L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:		PH 2: 08 OF STATE SEE, FL
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	Cuv	, Florida Zip Code
	6113	infe Cont

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 Type of Action (<u>Title</u> <u>Address</u> Name | \Box Add □Remove Change □Add ⊟ Ā**d**d 80 □Remove □ Clange □Add _ □Remove Change □Add □Remove □ Change □Add □Remove _ □ Change

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Effective If an effec	e date, if other than the date of filing: (optional) tive 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 605,020 filthe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at it's effective date on the Department of State's records.
Note: II	a scheenve date on the Department of State's feedits.
Note: If document doc	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
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Note: If document doc	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
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Filing Fee: \$25.00