h21000488074

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)
PICK-UP WAIT	MAIL.
(Business Entity Name))
(Document Number)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 20, 2021

SAINTANETTE JEAN LOUIS 1421 NW 13TH CT. FORT LAUDERDALE, FL 33311

SUBJECT: FAITH TRUCK DISPATCHING SERVICES LLC

Ref. Number: L21000488074

We have received your document for FAITH TRUCK DISPATCHING SERVICES LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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

Letter Number: 021A00030597

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company Florida document number \(\begin{align*} -21000488074 \\ \end{align*}.	were filed on NOVEM ber 12, 207 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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 agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	Enter Florida streevuddress Florida 24/Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	ee to act in this capacity. I further agree to comply with the performance of my dutics, and I am familiar with and

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
AMBR	Adlain Antenor	1421 NW 13th ct	Ndd
		Fort lauderdale, FL, 3.	33 // □Remove
			□ Change
			🗀 Add
			□ Remove
			□ Change
		□ Add	
		□Remove	
		□ Change	
		□ Add	
		□Remove	
		□Change	
			□ Add
			□ Remove
			□ Add
			□Remove
			□ Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	I would like to add my Husband (Adlain Anten
	rothe business Name as a Authorize user
	Just like my name appear in the business
	as the pwiner and I want to add him
-	like that as like business partner.
-	
-	
-	
-	
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-	
•	·
Note:	ive date, if other than the date of filing:
he recor	d 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 led.
Dated	11/17/2021
	Signature of a member or authorized representative of a member
	Addrain Antonor Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00