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(F	Requestor's Name)	
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	Dity/State/Zip/Phone #)	
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	Business Entity Name)	
	Document Number)	
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COVER LETTER

TO:	Registration Se Division of Co			
SUBJE	ECT:	S & L Sticking By Faitl	n Mobiles Services, LLC	
	-	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		L	atonia T. Foster	
			Name of Person	
		S&L Stic	cking By Faith Mobiles Services Firm/Company	s, LLC
		4	720 Salisbury Road	
			Vanic22	
		Ja	City/State and Zip Code	
		1slstic	ckingbyfaithmobile@gmail.com	
		E-mail address: (t	o be used for future annual report noti	fication)
For fur	ther information c	oncerning this matter, please ca	dl:	
	Latonia	T. Foster	at (_800) _603-1390	
	Name o	f Person		e Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$2:	5.00 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
	Division of C	orporations	Division of Cor	
	P.O. Box 632 Tallahassee, I		The Centre of T	allahassee c Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S & L Stick	ing By Faith i	Mobile Servic	es, LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company	as it now appe	ers on our records.)		
,		annay wannganny i			
The Articles of Organization for this Limited Liability	y Company w	ere filed on _	December 08,2021	and assigned	
Florida document number <u>L21000518061</u>	·				
This amendment is submitted to amend the following	; :				
A. If amending name, enter the new name of the l	limited liabili	ty company l	<u>nere</u> :		
S & L Sticking By Faith Mobile Services, LL	LC				
The new name must be distinguishable and contain the words "I		Company," the	designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:					
• • • • • • • • • • • • • • • • • • • •	nnree.	4700 Calia	hun Dood		_
(Principal office address MUST BE A STREET AD	DRESS)		bury Road		
		Jacksonv	ille, FL 32256		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	1	1325 Charle	es Court		
		Starke, FL	32091		
			· · · · · · · · · · · · · · · · · · ·		
P. If amonding the registered and a division is				5.4	
B. If amending the registered agent and/or registe agent and/or the new registered office address her		aress on our	records, <u>enter the</u> n	ame of the new regis	sterea
tellioner and the made as a first	 .				
Name of New Registered Agent:			·		
New Registered Office Address:	4720 S	alisbury Road	3	.022 SEC	
			orida street address	5	_
	Jack	sonville	Florido	32256 1	
	-	City	, Florida	Zin Code	
New Registered Agent's Signature, if changing Register	ered Agent:	- .		(n)	
Thereby accept the appointment as registered asset	ne and anne	en nacht elek	annumber 1 Court		
I hereby accept the appointment as registered age	ni una agree d.complete p	uo aci in inis	capacity. 1 juriner i	agree warmpn; wa	n ine
provisions of all statutes relative to the proper and accept the obligations of my position as registered	a compiete pi Lagent as pr	ajoimance o wided for in) my aunes, ana 1 ai Chantar 605 FS (m jamusapwur u na Dr. if thie discumunt	ie
being filed to merely reflect a change in the regist	ered office ad	ddress. I here	eby confirm that the	limited liability	1.3
company has been notified in writing of this chang	ge.				
		, _	\bigcirc		
	17/	$\sim () \sim$	- DAL	(1) Duc 10	(F)
	II Changa	hg Registered A	gent, Signature of New	Revistered Agent	LD)
		, .	D		

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
CEO	Latonia T. Foster	1325 Charles Court Starke, FL 32091	
			□Remove
		·	
AMBR	Latona Ti Fosler	1325 Charles Starke FU	YAdd
			_
			□Change
			□ AJd
			□Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			Remove
			□ Change

	Office Address: 4720 Salisbury Road Jacksonville, FL 32256
	Mailing Address: 1325 Charles Court Starke, FL 32091
•	
i an ei Note:	ive date, if other than the date of filing: December 08, 2021 (optional) fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
reco d is ti	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	December 28 2021
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00