L22000165719

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(,	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special mandations to runing officer.	

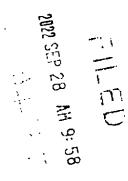
Office Use Only

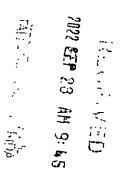


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LLC Amena

09/28/22--01003--004 **25.00





A. RAMSEY SEP 28 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Will & Failith Services Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Michael Buttering it	
While faithfu Salvices	
2 MV: HOMY CA. Address	
City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (act) S37-97-117 Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
☑ \$25.00 Filing Fee	tatus &

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

FILED

2022 SEP 28 AM 9: 58

youne facility	y Servi		<u>C</u>	<u> </u>
Name of the Limited I	iahility Company a Torida Limited Liabi	s <mark>it now appears on ou</mark> lity Company)	ir records.)	
The Articles of Organization for this Limited Liabi	lity Company wer	re filed on	17072	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liability	company here:		
The new name must be distinguishable and contain the words	s "Limited Liability C	Company," the designat	ion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	· ·		<u>-</u>
(Principal office address MUST BE A STREET A	(DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO				
B. If amending the registered agent and/or regi agent and/or the new registered office address h		ress on our record	s, <u>enter the nat</u>	ne of the new registered
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida str	eet 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	Type of Action
F. MIRK	Michael Butter bro	Jackson ville, FC 32	
		Tackson ville, FC 32	Z IŠ □Remove
			□Change
			□Add
			□Remove
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			□Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·
C. Effective date, if other than the date of filing: (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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.
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 cord is filed.
Dated SP WALLING TO Signature of a member or authorized representative of a member
Typed or printed name of signee

.

Filing Fee: \$25.00