## L22000173073

| (Re                     | questor's Name)   | <del></del> |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   | - ::        |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
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Office Use Only



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09/19/22--01017--012 \*\*25.00



A. BUTLER
DEC 1 3 2022

## **COVER LETTER**

TO:

|                | Registration So<br>Division of Cor |                                              |                                                                           |                                                                                                                   |
|----------------|------------------------------------|----------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| SUBJEC         | ****                               | ocessing, LLC                                |                                                                           |                                                                                                                   |
| SUBJEC         | -l;                                | Name of Lim                                  | ited Liability Company                                                    | <del></del>                                                                                                       |
| The encl       | osed Articles of                   | Amendment and fee(s) are sub                 | mitted for filing.                                                        |                                                                                                                   |
|                |                                    | ondence concerning this matter               | _                                                                         |                                                                                                                   |
|                |                                    | Tina Danastasio Frizzell                     |                                                                           |                                                                                                                   |
|                |                                    | · · · · · · · · · · · · · · · · · · ·        | Name of Person                                                            |                                                                                                                   |
|                |                                    | Faithful Processing, LLC                     |                                                                           | Daytime Telephone Number  S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
|                |                                    |                                              | Firm/Company                                                              | <del></del>                                                                                                       |
|                |                                    | 2304 Lincoln Ct                              |                                                                           |                                                                                                                   |
|                |                                    | -                                            | Address                                                                   |                                                                                                                   |
|                |                                    | Brandon Fl 33510                             |                                                                           |                                                                                                                   |
|                |                                    |                                              | City/State and Zip Code                                                   | ·                                                                                                                 |
|                |                                    | tmdfrizzell@yahoo.com                        |                                                                           |                                                                                                                   |
|                |                                    | E-mail address; (                            | to be used for future annual report no                                    | tification)                                                                                                       |
| For furth      | er information c                   | oncerning this matter, please c              | all:                                                                      |                                                                                                                   |
| Tina Da        | nastasio Frizzell                  |                                              | 813 486-2834                                                              |                                                                                                                   |
|                | Name o                             | f Person                                     | Area Code Daytir                                                          | ne Telephone Number                                                                                               |
| Enclosed       | f is a check for t                 | he following amount:                         |                                                                           |                                                                                                                   |
| <b>■</b> \$25. | 00 Filing Fee                      | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | Certificate of Status & Certified Copy                                                                            |
|                | Mailing Addres Registration        |                                              | Street Address:<br>Registration Se                                        | ection                                                                                                            |
|                | Division of C                      |                                              |                                                                           |                                                                                                                   |
|                | P.O. Box 632                       |                                              |                                                                           |                                                                                                                   |
|                | Tallahassee.                       | FL 32314                                     | 2415 N. Monre                                                             | oe Street, Suite 810                                                                                              |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (2012)

2022 SEP 19 Att 10: 47

Faithful Processing, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited I                                         | Liability Compa          | my were filed on $\frac{4/26/2022}{2}$ | and assigned                        |
|-----------------------------------------------------------------------------------------|--------------------------|----------------------------------------|-------------------------------------|
| Florida document number L22000173073                                                    | ·                        |                                        |                                     |
| This amendment is submitted to amend the fol                                            | lowing:                  |                                        |                                     |
| A. If amending name, enter the new name of                                              | of the <u>limited li</u> | ability company here:                  |                                     |
| NA                                                                                      |                          |                                        |                                     |
| The new name must be distinguishable and contain the                                    | words "Limited Li        | ability Company," the designation "    | LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if appli                                           | cable:                   | NA                                     |                                     |
| (Principal office address MUST BE A STRE                                                | ET ADDRESS)              | -                                      |                                     |
| Enter new mailing address, if applicable:                                               |                          | NA                                     |                                     |
| (Mailing address MAY BE A POST OFFICE                                                   | (BOX)                    |                                        |                                     |
|                                                                                         |                          |                                        |                                     |
| B. If amending the registered agent and/or agent and/or the new registered office addre | · ·                      | ce address on our records, <u>en</u>   | iter the name of the new registered |
| Name of New Registered Agent:                                                           | NA                       |                                        | <u></u>                             |
| New Registered Office Address:                                                          | <u>NA</u>                |                                        |                                     |
|                                                                                         |                          | Enter Florida street aa                | ldress                              |
|                                                                                         |                          |                                        | . 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>            | <u>Address</u>        | Type of Action |
|--------------|------------------------|-----------------------|----------------|
| MGR          | SEELY, YASMENE L       | 2304 Lincoln Ct       | □Add           |
|              |                        | Brandon Fl 33510      | ■Remove        |
|              |                        |                       | ☐ Change       |
| MGR          | FRIZZELL, DANASTASIO T | 2304 Lincoln Ct       | □Add           |
|              |                        | Brandon Fl 33510      | □Remove        |
|              |                        | From MGR to President | \alpha Change  |
|              |                        |                       |                |
|              |                        |                       | □Remove        |
|              |                        |                       | □Change        |
|              |                        |                       | 🗀 Add          |
|              |                        |                       | □Remove        |
|              |                        |                       | ☐ Change       |
| <del></del>  |                        |                       | □Add           |
|              |                        |                       | □Remove        |
|              |                        |                       | □Change        |
|              |                        |                       | □Add           |
|              |                        |                       | □Remove        |
|              |                        |                       | □Change        |

|                                                                                                                                                             |                            | <u> </u>                |                                                            |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|------------------------------------------------------------|----------------------------------------------------------|
| <del></del>                                                                                                                                                 | •                          |                         |                                                            |                                                          |
| <del></del>                                                                                                                                                 |                            |                         |                                                            |                                                          |
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|                                                                                                                                                             |                            | -                       |                                                            | <del>-</del>                                             |
|                                                                                                                                                             | 7.                         |                         |                                                            |                                                          |
| ffective data if other than the d                                                                                                                           | ate of filing:             |                         | (ontional                                                  |                                                          |
| ffective date, if other than the d an effective date is listed, the date must b Note: If the date inserted in this bloc ocument's effective date on the Dep | k does not meet the app    | licable statutory filin | ore than 90 days after filing<br>g requirements, this date | .) Pursuant to 605.0207 (3)<br>will not be listed as the |
|                                                                                                                                                             |                            |                         |                                                            |                                                          |
| record specifies a delayed effective of is filed.                                                                                                           | late, but not an effective | e time, at 12:01 a.m.   | on the earlier of: (b) T                                   | ne 90th day after the                                    |
| September 16th                                                                                                                                              | 2022                       |                         |                                                            |                                                          |
| Jua Dang                                                                                                                                                    | Masio D                    | horized representative  | of a member                                                |                                                          |
| <u> </u>                                                                                                                                                    | gnature of a member of Ju  | giorizeu representative | or a memoer                                                |                                                          |
|                                                                                                                                                             | 00                         | /                       |                                                            |                                                          |

Filing Fee: \$25.00