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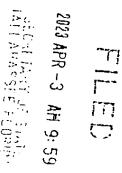
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone	#)
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(Business Entity Nam	e)
(Document Number)	
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A. RIVERS MAY 2 0 2023

COVER LETTER

TO: Registration Se Division of Cor				
Faithy J Ent	ertainment LLC			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Robert R. Bryant			
		Name of Person		
	Robert R. Bryant, CPA, PL	LLC		
		Firm/Company		
	10941 SE US Hwy 441			
		Address		
	Belleview, FL 34420		_	
		City/State and Zip Code		
	Bob@BoatmanBryant.com	to be used for future annual report no	vi6-urion)	
For further information of	oncerning this matter, please c		arreation	
Robert R. Bryant		352 347-4424		
Name o	of Person	at () Area Code Dayti	me Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25,00 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)	
<u>Mailing Addre</u> Registration	Section	Street Address: Registration S		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Faithy J Entertainment LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 11/02/2022	and assigned
Florida document number 1.22000469872		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
FaithyJ Entertainment LLC		
he new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the	e 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	e address on our records, enter the n	ame of the new register
agent and/or the new registered office address here:		;= : · · · · · · · ·
		是 第二
Name of New Registered Agent:		37 - FO
ivalite of New Registered Agent.		
New Registered Office Address:		***C >>
	Enter Florida street address	E35 6
	, Florida	25. 55
	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
			□Add
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			□ Add
			□Remove

If amending any other information Amending the name to elimit					
Amending the name to clim					_
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the	ust be specific and cannot look does not meet the	: applicable statutoi	ng or more than 90 day	(optional) s after filing.) Pursuant to 6 ts, this date will not be 1	605.0207 (3) isted as the
the record specifies a delayed effect cord is filed.	ve date, but not an effe	ective time, at 12:0	l a.m. on the earlier	of: (b) The 90th day a	fter the
Dated March 25		3 ·			
Jost Huis	Signature of a member	or authorized repres	entative of a member		
V Faith Jefferies	Typed	or printed name of s	ignee		

• . • • . . .

Filing Fee: \$25.00