L23000336367

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I.

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COVER LETTER

TO:

TO: Registration S Division of Co					
	IFUL SERVANTS LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	LAURA SURACE				
		Name of Person			
	SURACE ENTERPRISES	LLC			
Firm/Company				·	
	8445 BLAINE RD			,	
	<u> </u>	Address			
	SPRING HILL, FL 34608				
		City/State and Zip Code			
	LAURA.SURACE.TAX@0				
	E-mail address: (to be used for future annual repo	ort notification)		
For further information of	concerning this matter, please c	all:			
LAURA SURACE		352 251-80	052		
Name o	of Person		Daytime Telephor	e Number	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed		660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre		Street Addre Registratio			
Registration Section Division of Corporations		_	Registration Section Division of Corporations		
P.O. Box 632	27	The Centre	e of Tallahass	ee	
Tallahassee,	FL 32314	2415 N. M	lonroe Street,	Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIS FAITHFUL SERVANTS LLC	ay ac it now unpages on our record	ls)
(Name of the Limited Liability Compa (A Florida Limited U	ns as it now appears on our record hability Company)	<u></u> /
The Articles of Organization for this Limited Liability Company		
florida document number L23000336367		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
		;
The new name must be distinguishable and contain the words "Limited Liabil	lity 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, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addre.	SS
<u></u>	, FI	lorida Zıp Code
	City	Zη) 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>	Name	Address	Type of Action
MGR	JESSICA IRETON	11063 58TH ST CIR E	= Add
		PARRISH, FL 34219	
			□Add
			□ Remove
			Remove
			□Change
			□Remove
			□Remove
			□Change
			🗆 Add
			□Remove
			Change

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ective date, if other than the to effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	ick does not meet the ap	iplicable statutory	or more than 90 day filing requiremen	(optional) is after filing.) Pu is, this date wil	rsuant to 605.03 I not be listed
	date, but not an effecti	ve time, at 12;01 a	.m. on the earlier	of: (b) The 90	0th day after t
ecord specifies a delayed effective s filed.					
s filed. NOVEMBER 28	2023				
s filed. NOVEMBER 28 ALLIA TA		Justeved represent	Agust ative da member		

Filing Fee: \$25.00