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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer	
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11/17/23--01022--012 **30.00

Office Use Only

c/ 12/2/2023

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT: Faith	hfal Scrubs	L.L. C.	
Modern Tours	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Fa	ith Clark Name of Person	
	Faithfa	Scrubs Firm/Company	
	<u>8076 l</u>	W 37th Rd agai	+ 276
		City/State and Zip Code	
	Faithful scre E-mail address: (1	ubs @gnail. Can to be used for luture annual report noti	fication)
For further information c	oncerning this matter, please ca	ali:	
Faith Cle Name o	f Person	at (<u>352</u>) <u>857-</u> Area Code Daytim	2045 e Telephone Number
Enclosed is a check for the			
□ \$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 Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632	.7	The Centre of T	Tallahassec

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Faithful Soups	L. L. C	2023; 27 17 77 9: 16
(Name of the Limited Liability Compar (A Florida Limited L		our records.) 08/28/2023- [:]
The Articles of Organization for this Limited Liability Company		and assigned
Florida document number <u>L 23000403/</u> 67		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designa	ation "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 a agent and/or the new registered office address here:	ddress on our record	ds, enter the name of the new registers
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	reet address
	TANK T IN INC.	
	City	, Florida 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 Changing Registered Agent, Signature of New Registered Agent

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 Type of Action **Address** Title **Name** 8076 NW 37th DAD MGR Bobbie Smith Bd apt 276 Remove Carresville F1 32606 Ochange ____ □Remove MGR _ Faith Clark 8076 NW 37th Xadd Rd apt 276 ______ Remove Gainesville F1 32606 - Change ____________□Add _____ □Change ______ □Remove _____ □Change ______ □ Add _____ □Remove

_____ Change

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Note:	tive date, if other than the date of filing:
he reco ord is f	rd 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 iled.
Dated	November 12th 2023. Faith Clark
	Signature of a member or authorized representative of a member
	Faith Clark Typed or printed name of signee