8/8/24, 11:28 AM

Drasion at Corporations

# Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062

Phone : (323)962-8600

Fax Number

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	Address:			
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FAITHFUL WHEELS LLC

Certificate of Status	0
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AUG 1 2 2024 K. Brumbley

### **COVER LETTER**

	istration Secti ision of Corpo				
	FAITHFUL W				
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of An	nendment and fee(s) are sub-	mitted for filing.		
Please return	all correspond	ence concerning this matter	to the following:		
		Mike Town			
			Name of Person		
		Legalzoom.com, Inc.			
			Firm/Company		
		9900 Spectrum Dr			
			Address	****	
		Austin, TX 78717			
			City/State and Zip Code		
		taithfulwheelsjax@gmail.co			
		E-mail address: (i	to be used for future annual re	port notification)	
For further in	formation con	cerning this matter, please ca	ill:		
Mike Town 800 773-0888					
	Name of Pe	erson	at () Area Code	Daytime Telephone Number	
Enclosed is a	check for the f	following amount:			
□ \$25.00 F		☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Talkahassee, FL 32301

13236068205

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAITHFUL WHEELS LLC		
(Name of the Limited Link (A Plot	hility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L23000413751</u>	y Company were filed on 09/05/2023	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	egistered office address on our records,	enter the name of the ner
		AUG-9
Name of New Registered Agent:		P -
New Registered Office Address:	Enter Florida street address	<u> </u>
	. Flori	ida 23
	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 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:

13236068205

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Marcus S Rogers	7623 BAYMEADOWS CIR. W APT, 2066 JACKSONVILLE, FL 32256	
			□ Remove
			Change
MGR	Kistina Rogers		D Add
			□ Remove
		7623 BAYMEADOWS CIR. W APT. 2066 JACKSONVILLE, FL 32256	€ Change
-			D Add
		**************************************	□ Remove
			☐ Change
			□ Remove
			Change
			D Add
			🗆 Remove
			C Change
			D Remove
	·		

• •	Page 6 of 6	2024-08-08 15.09 43 PQT	13236068205	From Rajiv
D. If ame	nding any other inform	nation, enter change(s) here: (Attach ac	dditional sheets, if necessary)	
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<b>-</b>				<del></del>
E. Effecti	ve date, if other than the	he date of filing:	(optional) g or more than 90 days after filing.) Pursuant to 60	SE 113/13 (31/13
Note:	If the date inserted in this	block does not meet the applicable statutory	tiling requirements, this date will not be list	ted as the
gocum	ent's enecuve date on the	Department of State's records.		
If the rec	ord specifies a delay	ed affective date, but not an effecti	ive time, at 12:01 a.m. on the earl	
(b) The	90th day after the re	ecord is filed.	ive time, at 12.01 a.m. on the earl	iei or:
	71	20 2021		
Dated	//-	<u> </u>		
		28 2024 Marcus & Rogers		
		Signature of a member or authorized represen	itative of a member	
	Marcus Rogers			
	- Table Topels	Typed or printed name of sign		

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