L24000060862

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SECRETARY OF STATE TALLAHASSEE, FL

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COVER LETTER

DIVISION OF COL	porations			
A & I FAIT	THFUL SERVICES LLC			
SUBJECT:				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	GABRIELA OSORTO			
		Name of Person		
	A & I FAITHFUL SERVI	CES LLC		
		Firm/Company		
	5315 SANTA MONICA E	SLVD S		
		Address		
	JACKSONVILLE, FL 322	207		
	aifaithfulservices@gmail.co	City/State and Zip Code		
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
GABRIELA OSORTO		904 236-7346 at ()	(9 p.	
Name o	f Person		SECRETARY TALLAHAS	
Enclosed is a check for the	ne following amount:		HAS HAS	کامت التالیات التالیات عرب
□ \$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. 🛱 🚍 📑	コフ

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & I FAITHFUL SERVICES LLC		
(Name of the Limited Liability Com	pany as it now appears on our records.) d Liability Company)	
(A) Forda Filmine	a manny company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 02/01/2024	and assigned
Florida document number L24000060862		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability 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:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the na</u>	<i>1</i> n
agent and/or the new registered office address here.		2024 SEC: TA
Name of New Registered Agent:		L REI
Name of New Registered Agent.	-	TAS I
New Registered Office Address:	Enter Florida street address	SEC 3 III
		E.F.
	Florido	

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.

City

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>	Address	Type of Action
AMBR	GABRIELA OSORTO	5315 SANTA MONICA BLVD S	= Add
		JACKSONVILLE, FL 32207	□Remove
			□Change
AMBR	EDWIN A MARTINEZ SERRAN(5315 SANTA MONICA BLVD S	= Add
		JACKSONVILLE, FL 32207	□ Remove
			□Change
			□Remove
			ALLAHASSER, FL
			□Add
			□Remove
			□ Change
			
			□Remove
			□ Change

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ecord specific is filed.	es a delayed effec	tive date, but no	t an effective	time, at 12:01	a.m. on the ear	lier of: (b) T	he 90th day a	fter the
ited	отн		2024					
	7 1		-	Z.				

Typed or printed name of signee