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(Requestor's Name)

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(City/State/Zip/Phone #)

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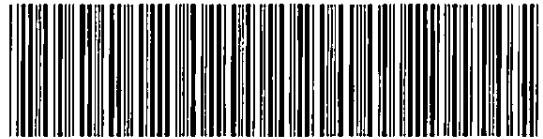
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & I FAITHFUL SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GABRIELA OSORTO

Name of Person

A & I FAITHFUL SERVICES LLC

Firm/Company

5315 SANTA MONICA BLVD S

Address

JACKSONVILLE, FL 32207

City/State and Zip Code

aifaithfultservices@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GABRIELA OSORTO

904

236-7346

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

SECRETARY OF STATE
TALLAHASSEE, FL

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	GABRIELA OSORTO	5315 SANTA MONICA BLVD S	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32207	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EDWIN A MARTINEZ SERRANO	5315 SANTA MONICA BLVD S	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32207	<input type="checkbox"/> Remove
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If the record 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 record is filed.

JUNE 19TH 2024
 Dated _____

 Signature of a member or authorized representative of a member
 GABRIELA OSORTO

 Typed or printed name of signee