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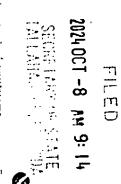
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Angelite Faith Ser Vices 22 C 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:
Angelite Corialan Name of Person
Agelite Faith Sectices 22 C
668 Bluebill Court
Pointion of FL 34759 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angelite Coriolan at (401) 409 0933  Name of Person at (401) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Salvantia Sectificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Sectified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Division of Corporations  Street Address:  Registration Section  Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Myelite Faith Serv (Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) inability Company)
The Articles of Organization for this Limited Liability Company Florida document number 20400401706	were filed on $10/04/31$ and assigned
Florida document number 404000401106	·
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 Liabil	ity 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)	2021 SHC
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:	C F
Name of New Registered Agent: A Nee	lite Corrolan
New Registered Office Address: 668 b	lite Coriolan olitébill Court Poinciana, F23 Enter Florida street address
POLNO	City Standard Standard F 34759  Zip Colde
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and browided for in Chapter 605, F.S. Or, if this document is

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
I we / Hanger	Augelite corrolan	668 Clubill, Court Poinciana, F2 34759	EAdd
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
e recor ord is fi	d 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 led.
Dated	<u> </u>
	A walnut
	Signature of a member or authorized representative of a member
	//