## 12500001222b

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(33,000 2,000,000,000,000,000,000,000,000,0
(Document Number)
(,
Certified Copies Certificates of Status
Certified copies Certificates of Status
Special Instructions to Filing Officer:





200442646512

2025 FEB 14 AM 9: 52

2025 FEB | 4 PM 3: 14

RECEIVED

TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account 120210000160: \$25.00 Authorization Signature 2 Jude Faith Elite Group Home LLC <u>L25000012226</u> Name #Document Business Will wait Walk in Certified Copy Certificate of Status <u>AMENDMENTS</u> **NEW FILINGS** X Amendment Profit \_\_\_\_Resignation of R.A. \_\_\_ Not for Profit \_\_\_\_ Change of Registered Agent LLC Revocation of Dissolution Domestication \_\_ INC Conversion \_\_\_ Statement of Authority CORP Merger **OTHER REVOCATION OF DISSOLUTION** REGISTRATION/QUALIFICATIONS **OTHER FILINGS** Foreign Filing TRANSMITTAL LETTER \_\_\_\_ Partnership Reinstatement Fictitious Name Statement of CORRECTION \_\_\_ Statement of Authority Domestication of a Foreign Corp. \_\_ APOSTIL \_ COUNTRY Other

FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:\_\_\_\_

2330 CLARE DRIVE

## **COVER LETTER**

TO: Registration S Division of Co			
Faith Elite	Group Home LLC.		
SUBJECT:			
	Name of Limi	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Charles, Ericka		
		Name of Person	
	Faith Elite Group Home LI	,C	
		Firm/Company	
	2507 Coolidge Street		
	Hollywood, Florida 33020	Address	
		City/State and Zip Code	
	erickacharles31@yahoo.con		· ·
		to be used for future annual report notif	ication)
For further information Charles, Ericka	concerning this matter, please co	ali: 305 798-4022	
·		at ()	
Name	of Person	Area Code Daytim	e 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 Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee De Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Faith Fille Group Home LLC		nor
( <u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our	2025 FEB 14 AM 9: 52
The Articles of Organization for this Limited Liability Company were L25000012226		TALLAHASSE And Fals (1818)
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability co	mpany here:	
I/A		
he new name must be distinguishable and contain the words "Limited Liability Com	pany." the designation	"LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	,,	D.D.C.
		<del></del>
	<del></del>	
	·	
Principal office address MUST BE A STREET ADDRESS)		
Principal office address MUST BE A STREET ADDRESS)		
Principal office address MUST BE A STREET ADDRESS)  Conter new mailing address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)  Onter new mailing address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)  Conter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		
Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address	on our records, <u>e</u>	nter the name of the new regis
Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address	on our records, <u>e</u>	nter the name of the new regis
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address tent and/or the new registered office address here:	on our records, <u>e</u>	nter the name of the new regis
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address	on our records, <u>e</u>	nter the name of the new regis
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address tent and/or the new registered office address here:	on our records, <u>e</u>	nter the name of the new regis
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address tent and/or the new registered office address here:  Name of New Registered Agent:	on our records, <u>e</u>	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address gent and/or the new registered office address here:  Name of New Registered Agent:		

## 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

<u>Title</u>	<u>Name</u> Hudu, Islanidin	Address 2507 Coolidge Street Hollywood, Florida 33020	Type of Action
<u> 44</u>			
			Remove
.100			hange
MGR	Charles, Ericka	2507 Coolidge 5+	🗆 Add
		Hollywood FL 330	Remove
		<del></del>	<b>√</b> Change
<del></del>		<del></del>	□Add
		<del></del>	□Remove
			□Change
			□ Remove
			□Change
<del></del>			□ Add
			Remove
		<del></del>	□Add
			□Remove
			Change

D. If amending any other informat	tion, enter change(s) here: (Attach additional sheets,	if necessary.)
I'm chan		94
to MGR	My Goldress rer	2000 The
1200X	S CIDION CO TENT	14113 TIV
		<del></del>
		202 <b>5</b>
		FEB
		NSSE I
		9: 5:
<del> </del>		On: <b>2</b>
<del></del>		<del></del>
·		
E. Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Dep	be specific and cannot be prior to date of filing or more than 90 da ck does not meet the applicable statutory filing requirement	( <b>optional)</b> ys after filing.) Pursuant to 605.0207 (3)(b nts, this date will not be listed as the
f the record specifies a delayed effective record is filed.	date, but not an effective time, at 12:01 a.m. on the earlier	r of: (b) The 90th day after the
February 14, Dated	2025	
	signature of a member or authorized representative of a member	
Charles, Ericka	2. 22. 22. 22. 22. 22. 22. 22. 22. 22.	
	Typed or printed name of signer	<del></del>