

L00000009630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

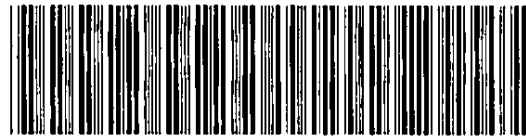
(Business Entity Name)

(Document Number)

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2017 JUN 15 PM 2:22
FALL RIVER, MA
STATE OF MASSACHUSETTS
DEPARTMENT OF REVENUE

J. HARRIS
JUN 15 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAITH 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:

ANTHONY WATKINS
Name of Person

FAITH LLC
Firm/Company

2972 THUNDER RD
Address

MIDDLEBURG, FL 32068
City/State and Zip Code

DI@BLOOMERSTAX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY WATKINS at (904) 424-6321
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FAITH LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/04/2000 and assigned Florida document number L00000009630.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF COUNTY OF DADE
ATTORNEY GENERAL'S OFFICE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARTINEZ, LUIS	2520 DEERPARK BLVD	<input type="checkbox"/> Add
		MIDDLEBURG, FL 32068	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RUCKEL, LARRY J.	55530 COASTAL LN SOUTH	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32258	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WATKINS, WILLIAM	3021 CR 220	<input checked="" type="checkbox"/> Add
		MIDDLEBURG, FL 32068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated JUNE 12 2017

Handwritten signature of Anthony Watkins

Signature of a member or authorized representative of a member

ANTHONY WATKINS

Typed or printed name of signee

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2017 JUN 19 PM 2:22
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA