NOOCOCO 9630

(Re	questor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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D. BRUCE MAR 0 3 2022 Anthony Watkins Faith, LLC 2972 Thunder Road Middleburg, FL 32068

RE: Document #L00000009630 - "Statement of Fact"

February 22, 2022

Registration Section
Division of Corporations
PO Box 6327

Tallahassee, FL 32314

To Whom It May Concern:

Please be advised that unauthorized changes were made to the above entity as follows:

February 20, 2022 Amended annual report filed by unknown persons

Below three people were fraudulently added as Authorized Person(s):

Michael Baldwin David Allen Ashan Louisne

February 22, 2022 Amendment filed by unknown persons

One person removed as Authorized Person(s)

Ashan Louisne

Sincerely,

Anthony Watkins

STATE OF FLORIDA COUNTY OF CLAY

The foregoing instrument was acknowledged before me this 23rd day of February 2022.

Signature of Notary Public

TERESA JONES
Notary Public-State of Florida
Commission # GG 352150
My Commission Expires
July 04, 2023

Jeresa Jones

COVER LETTER

TO:

TO: Registration Se Division of Cor						
FAITH LL	С					
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	ANTHONY WATKINS					
		Name of Person		_		
	FAITH LLC					
		Firm/Company		_		
	2972 THUNDER RD					
		Address			23	
	MIDDLEBURG				17 FT 8	
		City/State and Zip Code		— <u>1</u>	53	•
	alwfwc@gmail.com			Č.		
		to be used for future annual report noti	fication)			•
For further information c	oncerning this matter, please c	a11.		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	9.1	
FAITH LLC		904 4246321 at ()				
Name o	f Person		e Telephone Numb	ег	•	
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of St	atus &	
Mailing Address Registration S		Street Address: Registration Sec	ction			
Division of C		Division of Cor				
P.O. Box 632	.7	The Centre of T				
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite	810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAITH LLC		
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our record Liability Company)	15.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 08/04/2000	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street addre.	55
		lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr 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	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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>	Address		Type of Action
MGR	MICHAEL BALDWIN	2972 THUNDER RD	□Add	
		MIDDLEBURG, FL 32068		= Remove
				□ Change
MGR	DAVID ALLEN	2972 THUNDER RD		□Add
		MIDDLEBURG, FL 32068		■Remove
				□Change
				□Add
				□Remove
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ote: If the	ate, if other thar date is listed, the dat e date inserted in the effective date on t	his block does n	ot meet the	applicable	late of filing e statutory i	or more than 9 Iling require	(option of the control of the co	filing.) Pur	suant to not be	605.020 listed as
record spe l is filed.	cifies a delayed eff	fective date, but	not an effe	ective time	, at 12:01 a.	m. on the ca	rlier of: (b)	The 90	th day a	fter the
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