(Requestor's Name)	
(Address)	2004187
(Address)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	11/27/23010
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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December 12, 2023

SAMANTHA MACK 6316 SAN JUAN AVE STE 42B JACKSONVILLE, FL 32210

SUBJECT: FAITH WITHIN NOTARY SERVICES LLC

Ref. Number: L21000233882

We have received your document for FAITH WITHIN NOTARY SERVICES LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida profit corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 523A00028307



TO:

Registration Section

Division of Corpo	rations		
SUBJECT: Failh	Within Mot Name of Lin	Jary Services 140 ind Liability Company	<u>/</u>
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Sai	Name of Person	
	Faith a	11 Shin No Lory 3	ernes ILC
		ritin/Company	
	6316 San Ta	an Ave Sto. 42.	16"
		Address	
	Tack cond	ille El 32210	
		City/State and Zip Code	
_	Samuntha-	1) Hospoya hoo. to be used for future annual report notifi	con
	E-mail address: (to be used for future annual report notifi	ication)
For further information conc	erning this matter, please c	all:	1%
Samontha	Mark	11 904 × 1.1.2	. 9%.20
Name of Pe	rson	at (<u>909</u>) <u>662 -</u> Area Code Daytime	Telephone Number
			(
Enclosed is a check for the t	following amount:		
□ \$25.00 Filing Fee		☐ \$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 Sec	ction	Street Address: Registration Sec	tion
Division of Cor		Division of Corp	porations
P.O. Box 6327 Tallahassee, FL	32314	The Centre of Ta 2415 N. Monroe	allahassee : Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Faith	Within	Holory Sen	vices LL	<u></u>
(<u>Name</u> of the Limit	(A Florida Limited	iny as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited Li Florida document number <u>1210002</u> 33		were filed on	/19/2021	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	hity Company," the designa	tion "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if application	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
				,
Enter new mailing address, if applicable:			_	
(Mailing address MAY BE A POST OFFICE I	BOX)			<u> </u>
				?
		-		;
B. If amending the registered agent and/or re	egistered office a	address on our record	s, <u>enter the na</u>	
agent and/or the new registered office addres	<u>s here</u> ;			89
Name of New Registered Agent:	Saman	tha Mais	/	<u> </u>
New Registered Office Address:	6316 3	an Juan A Enter Florida str	ve. See	928 () 22210 Zip Code
	Jaco	Kranuille	, Florida _	32210
		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>	Address	Type of Action
CEO	Samantha Mack	6316 San Juan Ave. Ste. 422	<u> ∕</u> ZÁdd
		Jacksonville, FL 32210	□Remove
			□Change
MER	Samarcha L'Hos	6316 San Tuan Ave Ste. 4.	2 € Add
		Tacksonville, FL 32210	Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add (5)
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cument's ef	fective date o	n the Departmen	t of State's	records.					
cord specif	īes a delayed	effective date, bu	it not an eff	ective time.	at 12:01 a.	m. on the e	ulier of: (h)	The 90th da	v after the
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		3 3 Signature	// /	# 1	_				
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		Signature	or a member	or authorize	a representa	tive of a mer	iber		

Filing Fee: \$25.00