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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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10/19/15--01011--007 **25.00

TO NOVIZ PRINCE

NOV 1 3 2015 Y SULKER



October 21, 2015

KIYATA BRANKER 16400 NW 15TH AVE MIAMI, FL 33169

SUBJECT: THE FLAME OUTFLOW CENTER, LLC

Ref. Number: L15000154754

We have received your document for THE FLAME OUTFLOW CENTER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

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) 245-6051.

Letter Number: 615A00022331

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Se Division of Cor			RECEIVED
SUBJECT:		The Flame	Outflow Center, LLC	RECEIVED 15 NOV 12 PM 12: 25
SUBJ	EC1:	Name of Lim	ited Liability Company	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
			Kiyata Branker	
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Flame of Fire In	ternational Ministries and Res	ource Center, INC
		_	Firm/Company	- -
			16400 NW 15th Ave	
			Address	
			Miami, Fl 33169	
			City/State and Zip Code	
		E-mail address: (to be used for future annual repor	t notification)
For fu	rther information o	concerning this matter, please c	all:	
Kiyata Branker		305 at ()	830-3473	
	Name o	of Person		aytime Telephone Number
Enclo	sed is a check for t	he following amount:		
□ \$2	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

•	The Flame Outflow Center, LLC			
(Name of the Limi	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)		
he Articles of Organization for this Limited L	iability Company were filed on	9/10/2015	and assigned	
lorida document number L15000154754				
his amendment is submitted to amend the following	lowing:			
. If amending name, enter the new name o	of the limited liability company he	<u>re</u> :		
ne new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the a	obreviation "L.L.C."	
nter new principal offices address, if appli	cable:			
Principal office address MUST BE A STREE	ET ADDRESS)			
		- m	·	
			(i) (ii) (ii) (iii) (iii	
nter new mailing address, if applicable:				
<u> Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>		2 7	
		ŕ	9 3 1	
			-	
. If amending the registered agent and	/or registered office address on	our records, enter	the name of the	
gistered agent and/or the new registered o	ffice address here:		i.»	
Name of New Registered Agent:	Flame of Fire International Ministr	ies and Resource Cente	er, INC	
New Registered Office Address:	16400 NW 15th Ave			
	Enter Flori	da street address		
	Miami	, Florida ³³	169	
	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.

Hame of Fire Tate motoral Myother and Resource
If Changing Registered Agent, Signature of New Registered Agent Curtles

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	Flame of Fire	16400 NW 15th Ave, Miami 33169	Add
			■ Remove
	Tlame of Fire		☐ Change
MGR	Flame of Fire International Hinistries and Resource Center,	16400 NW 15th Ave, Miami 33169	Add
	and pesoucce cerrer,	H 1C	□ Remove
			□ Change
AMBR	Kiyata Branker	16400 NW 15th Ave,Miami 33169	Add
			□ Remove
			Change
			□ Add
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	·		☐ Remove
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	-		-	r	5. S. F.	
					<u> </u>	
						
						
ffective date, if other than the dat	e of filing:	September 1	10, 2015	(optional)		
an effective date is listed, the date must be ote: If the date inserted in this block	specific and canno	ot be prior to date of	filing or more than	90 days after filing.) Pursuant to will not be	605.020°
ocument's effective date on the Depar			yg . • 4 u			
e record specifies a delayed ef	factiva data	but not an of	factiva tima	+ 17.01 - m	on the a	orliar a
The 90th day after the record	is filed.	but not an er	rective time, a	t 12.01 d.m.	on the c	arrier o
November 8th	20	15 17				
ated	,,	7///	11	_		
			// //			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00