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A. BUTLER MAR 16 2022

## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	REAT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JONATHAN PACE		
		Name of Person	
	GOD IS GREAT LLC		
	******	Firm/Company	· · · · · · · · · · · · · · · · · · ·
	104 ROSEMONT COU	रा	
		Address	
	ATLANTIS, FL 33462		
	*	City/State and Zip Code	
	CONPACEINC@AOL.C		
	E-mail address: (	to be used for future annual report not	tification)
For further information c	oncerning this matter, please c	all:	
JONATHAN PACE		561 827-7223	
Name o	t Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration So	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

GOD IS GREAT LLC

2022 MAR -7 AM 9: 54

(Name of the Limited Liability Company as it now appears on our recorder (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/06/2007 and assigned Florida document number L07000024870 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) 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

## 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 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>	Type of Action
MGRM	MARY CHALKER	137 TURNBERRY DRIVE	
		ATLANTIS, FL 33462	■Remove
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If an effective date is lis	ed, the date must be spec	ific and cannot be prior	to date of filing or more	than 90 days after fi	ing.) Pursuant to 605.020
Note: If the date ins	erted in this block does date on the Departme	s not meet the applic nt of State's records	able statutory filing r	equirements, this c	late will not be listed a
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Dated FEBRUARY	28	2022			
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	Signatur	e of a member or author	orized representative of	a member	**
IONATE	IAN PACE				

Filing Fee: \$25.00