

LO80000025554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

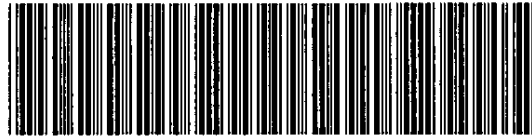
(Document Number)

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08 JUN 17 AM 9:08
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. T. Bock JUN 17 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2008

SISTER'S OF THE SPIRIT LLC
1111 NW 55TH STREET
MIAMI, FL 33127

SUBJECT: SISTER'S OF THE SPIRIT LLC
Ref. Number: L08000025554

This is to advise you that on March 11, 2008, we filed your limited liability company under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your limited liability company to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6911.

Sincerely,

Brenda Tadlock
Senior Section Administrator
Registration/Qualification Section

Letter Number: 108A00027888

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sister's of THE Spirit 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:

Beverly Crocker Johnson.
(Name of Person)

Sister's of the Spirit LLC
(Firm/Company)

1111 NW 55 St.
(Address)

MIAMI, FL 33127
(City/State and Zip Code)

For further information concerning this matter, please call:

Beverly Johnson Crocker at 305 978-1474.
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount: N/A

☒ ~~\$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUN 17 AM 9:08

Sister's Of The Spirit 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 03/11/08 and assigned
Florida document number LO8000025554

This amendment is submitted to amend the following:

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

SISTERS Of The Spirit 1, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

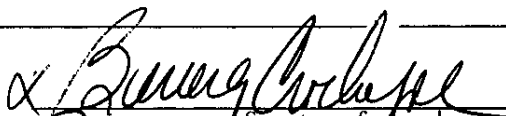
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Beverly Crocker-Johnson	17955 NW 18 Ave MIAMI FL 33054	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____


Beverly Crocker

Signature of a member or authorized representative of a member

Typed or printed name of signee