## L09000051460

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SECRETARY OF STATE
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## **COVER LETTER**

TO: Registration S Division of Co		,				
SUBJECT:	Ephes	ians 911 LLC				
GOBJECT.		ted Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Anthos Jordan				
		Name of Person				
		Firm/Company				
	260 NW 24 CT					
		Address				
	Pomp	ano Beach, Florida 33064 City/State and Zip Code				
		anthosj@msn.com				
	E-mail address: (	to be used for future annual report notifica	tion)			
For further information	concerning this matter, please of	cail:				
	nthos Jordan		42-1441			
Name	of Person	Area Code & Daytime	i elephone Number			
Enclosed is a check for	the following amount:					
\$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)			
Regist	LING ADDRESS: tration Section on of Corporations	STREET/COURIE Registration Section Division of Corporat				

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



August 7, 2009

ANTHOS JORDAN 260 NW 24 COURT POMPANO BEACH, FL 33064

SUBJECT: EPHESIANS 911 LLC Ref. Number: L09000051460

We have received your document for EPHESIANS 911 LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

Missing page 2 of the amendment. I am enclosing the form.

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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 009A00027094

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 09 AUG 18 AM 8: 25

The Articles of Organization for this Limited Liability C	Company were filed on	5/28/09	and assigned	
Florida document number L0900051460				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :		
Second (	Corinthians 911 LLC			
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compa	my," the designation '	'LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)			
	<del></del>	<del></del>	***************************************	
Enter new mailing address, if applicable:	<del></del>			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>			
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:	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:

itle			
tic .	<u>Name</u>	<u>Address</u>	Type of Action
			Add
•			
			Add
			<u> </u>
			Remove
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If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if ne	cessary)
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  ated	L	member or authorized representative of a member	** 8: 25 ** STATE FLORIDA

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Filing Fee: \$25.00