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T. HAMPTON

JUL - 9 2009

**EXAMINER** 

## **COVER LETTER**

	istration S ision of Co	ection rporations	,			
SUBJECT:		Douglas	J. Wingate, LLC			
			ted Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all corresp	ondence concerning this matter	to the following:			
			Douglas J. Wingate			
			Name of Person			
		Doug	Wingate Ministries, LLC			
			Firm/Company			
16120 Chastain Road						
			Address	·		
			Odessa, FL 33556			
			City/State and Zip Code			
				· · · · · · · · · · · · · · · · · · ·		
For further in	nformation	e-mail address: (	to be used for future annual report no call:	uncation)		
	Dou	glas J. Wingate	at ( 813 )	505-2271		
		of Person		me Telephone Number		
Enclosed is a	check for	the following amount:				
\$25.00 Fi	ling Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	orations Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Douglas	J. Wingate, LLC		<del> </del>	
(Name of the Limited Liability (A Florida L	Company as it now appea limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Co	6/23/2009	and assigned		
Florida document numberL0900061698				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company he	<u>re</u> :		
Doug Win	gate Ministries, LLC			
The new name must be distinguishable and end with the wore "L.L.C."	ds "Limited Liability Comp	any," the designation "I	LC" or the abbrevia	 itior
Enter new principal offices address, if applicable:			9 5	<b>,</b>
(Principal office address MUST BE A STREET ADDR	ESS)	·	ision is the contract of the c	<u>}</u>
				1
			<b>8</b> C	20 00 00
Enter new mailing address, if applicable:			<b>3</b> 9	η- Σ
(Mailing address MAY BE A POST OFFICE BOX)			- <del>:</del> =	Ä
	***************************************		သိ ဗ္က	_
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		our records, <u>enter t</u>	he name of the	<u>new</u>
Name of New Registered Agent:				
New Registered Office Address:	E.	nter Florida street add	haas	
	E)	uer r ioriaa sireet aaa	7 ESS	
	City	, Florida	Zip Code	_
	Cuy		Lip Coue	

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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address** Type of Action ☐ Add Remove ☐ Add Remove □ Add Remove ☐ Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 7 2009 Dated\_ Signature of a member of authorized representative of a member Douglas J. Wingate Typed or printed name of signee

. If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00