LIDUU0038633		
(Requestor's Name) (Address) (Address)	900211785479	
(City/State/Zip/Phone #)	09/12/1101058013 **30.00	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	BIVISION OF CORP 11 SEP 12 AP	
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COVER LETTER

TO: Registration Section Division of Corporations

in Business SUBJECT: Christian Women 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:

Name of Ferson Firm/Company be used for future annual report notification E-mail

For further information concerning this matter, please call:

at (<u>407)</u> Area Cod & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

S55.00 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

Tallahassee, FL 32314

P.O. Box 6327

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	
$\frac{Christian}{(\text{Name of the Limited Liability Company as it now appears on our records.)}}{(A Florida Limited Liability Company)}$ The Articles of Organization for this Limited Liability Company were filed on $\frac{4/9}{2010}$ and as an edited as a florida document number $\frac{21000038633}{1000038633}$.	, , ,
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability company here</u> :	
The new name must be distinguishable and end with 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)

5007 Juchope Court

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

P.O.	Bx	953a	12
Lake	Mary	FL	32795

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 Flori	da 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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member 1

• ...'

<u>Title</u>	Name	Address	Type of Action	
			Add Remove	
			Add Remove	
·			Add Remove	
			Add Remove	
<u>. </u>			Add Remove	
			Add Remove	
D. If amend	ling any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary.)		
<u> </u>			_	
Dated <u>Se</u>		2// >		
	Stacey Vira	er or authorized representative of a member		
Page 2 of 2				

Filing Fee: \$25.00