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EXAMINER



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COVER LETTER

TO:	Registration Sec Division of Corp			%	•
SUBJ	ECT: Ch	ristian C	urrencies	LLE	
,	ECT	Name of	Limited Liability Company		
The en	closed Articles of A	Amendment and fee(s) ar	re submitted for filing.		
Please	return all correspon	ndence concerning this m	natter to the following:		
		1	RI		
		lex	Name of Person	<u>.</u>	
	•			·	
			Firm/Company		
		810		D.	
			Address		
		Nav	oles, FL	34103	
		C 1	City/State and Zip Code Car @ Con Solda ress: (to be used for future annual		
		E-mail addr	ress: (to be used for future annual	report notification)	
For fu	rther information co	oncerning this matter, ple	ease call:		
	Term R	and	at (23%)—	26) -6335 de & Daytime Telephone Number	
	Name of	Person	Area Coo	le & Daytime Telephone Number	
. 1		e following amount:			
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of State		is enclosed) Certificat Certified	e of Status

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**

Christian Corres	ncies LLC
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) iited Liability Company)
The Articles of Organization for this Limited Liability Com	npany were filed on Sept 14, 2010 and assigned
Florida document number <u>L10000958</u> .	50
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
The new name must be distinguishable and end with the words 'L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2087 Fine Island Jame
Principal office address MUST BE A STREET ADDRES	2087 Fine Island Jame Naples, FL 34112
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	SS O
B. If amending the registered agent and/or register	ed office address on our records, enter the name of the new
og beered agent and or the new registered or re-	
Name of New Registered Agent: 50	Enter Florida street address Naysles , Florida 34112 City Zip Code
New Registered Office Address: 20	87 Pine Island Lane
	Enter Florida street address
	City Florida 3712 Zip Code
New Registered Agent's Signature, if changing Registered A	

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.

Page 1/of 2

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>	Address	Type of Action
Managing	Terry Rand	Voo Harbour Druce Naples, FL 34103	Add ⊠ ₄Remove
Managing	James Neuser	2087 Pine Island Lame Naples, FL 34112	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
_		e(s) here: (Attach additional sheets, if necessary.)	
Dated Ju	Signature of a member	or authorized representative of a member	

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Filing Fee: \$25.00