

LI 0000108857

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T. CLINE

JAN-19-2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Agape Life Publications, 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:

Name of Person: Elmira T. Conley

Firm/Company: Agape Life Publications, LLC

Address: 241 S. Royal Poinciana Blvd. #305

City/State and Zip Code: Miami Springs, Florida 33166

E-mail address: (to be used for future annual report notification):
phyllis.conley@gmail.com

For further information concerning this matter, please call:

Elmira T. Conley
Name of Person

617-999-4556
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,
Certificate of Status Certified Copy 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

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TALLAHASSEE, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Agape Life Publications, 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 October 13, 2010 and assigned Florida document number 10000108857.

This amendment is submitted to amend the following:

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

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: 241 S. Royal Poinciana Blvd. #305
(Principal office address MUST BE A STREET ADDRESS) Miami Springs, Florida 33166

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

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

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

Title: Name Herbert A. Conley Address: 241 S. Royal Poinciana Blvd. #305

Type of Action

☐ Add

☒ Remove

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

Dated: January 10, 2011

Signature of a member or authorized representative of a member:

Elmira T. Conley

Elmira T. Conley

Typed or printed name of Signee

Filing Fee: \$25.00

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