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MAY 31 2010

EXAMINER

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COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	lls Youth 4 Name of Lim	Ministry ited Liability Company			
The enclosed Articles o	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	Willie Jame 144 Willne	s Alla Name of Person			
	144 Willn	Firm/Company			
	144 W Ulax	CIT: Quinuy L	M	5 .0	
	32352	City/State and Zip Code		II HAY 3	7
For further information	E-mail address: (concerning this matter, please of	to be used for future annual report notifical	lion)	T OF STA	ED
Name	of Person	at () Area Code & Daytime T	elephone Number	- SA	
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)	Certified C	of Status &	d)

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

Alls Youth	Ministry Lili		
(Name/of the Limited Lia (A Flo	bility Company as it now appears or ida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liabil	lity Company were filed on <u>Man</u>	ch 6 30/1 and assessed	
Florida document number L //00003604		A555	
This amendment is submitted to amend the following	ng:	PERFECTION OF SHAPE	
A. If amending name, enter the new name of the	e limited liability company here:	TATE ORIDA	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company.	"the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>		
B. If amending the registered agent and/or a registered agent and/or the new registered office		records, enter the name of the new	
Name of New Registered Agent:	***************************************		
New Registered Office Address:	····		
	Enter Florida street address		
_	City	, Florida Zin Code	
	$\cup ny$	zip Coae	

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 Type of Action Address Name DAPhney Thomas (m. a. . 1228 cherokee Drive M.G.R. Jean-Even Thamas □ Add 12 Kemove Marie Mont. Rossess MGR Willie James All MIBR Werdy allo RoxAMON all 134 Willow C. T. Ourny C. 32351 134 Willow C. T. 3235 Macken D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Also add Dorothy A115, 134 Willow Ct. Quincy Fl. 3235/ 95 marm. . 2011 . Willie James Alls
Signature of a member or authorized representative of a member

Page 2 of 2

Willie James Alls
Typed or printed name of signee

Filing Fee: \$25.00