L12000018922

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
33333		

Office Use Only



500251438305

09/06/13--01009--010 **25.00

13 SEP -6 PH 4: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SEP 1.2 ZWW.



Barry L. Miller*
Joseph Lenti, II

Bryan Chiafullo, *Paralegal* Jennifer A. Steele, *Paralegal* Tina M. Layne, *Legal Assistant*

September 4, 2013

VIA U.S. MAIL

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

NOURISH MINISTRIES, LLC

Dear Secretary:

Enclosed please find the original and one copy of the Articles of Amendment to Articles of Organization for the above limited liability company. Please file same and return one copy of the Articles time stamped from your office. A check in the amount of \$25.00 is also enclosed to cover the filing fees associated with this matter.

Thank you for your time and cooperation in this matter.

Very truly your

Bryan Chiafullo Paralegal

BC/ms Enclosures

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOURISH MINISTRIES, LLC		LAH 3 SE
(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on our r ted Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comp	pany were filed on FEBRUAR	Y 8, 2012 and a gned 2 5
Florida document number L12000018922		4: 56
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 "L.L.C."	Limited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our recor <u>here</u> :	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
		a street address
	City,	Florida Zip Code
New Registered Agent's Signature, if changing Registered Ag	•	•

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

<u> Fitle</u>	Name	Address	Type of Action
MGMR	DENETTE TALLIS	5512 OXFORD MOOR BLVD	Add
		WINDERMERE, FL 34786	Remove
			Add
			Remove
	•		SECRI TALLA 13 SE
			CRETARY OF LAHASSEED
			STATE LORIDA Add
			Remove
			-
			Add
			Remove
			-
.			Add
			Remove

nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
AUG 28 , 2013.			
Bolo			
Signature of a member or authorized representative of a member			
BARRY TALLIS, MGMR			
Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00

13 SEP -6 PM 4: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA