L13000125155

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SECRETARY OF STATE

N. Outligan OCT = 4 20131

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: N

Mustard Seed Faith Ministries

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:

LaShawn Denise Butler			
Name of Person			
Firm/Company			
3124 Winton Drive			
Address			
Jacksonville, FL 32208			
City/State and Zip Code			
egoministries@gmail.com			
E-mail address: (to be used for future annual report notification)			

For further information concerning this matter, please call:

LaShawn D Butler

_{.,},904,330**-**6654

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 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 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

FILED.
2013 OCT -3 AM II: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Zip Code

Mustard Seed Faith Ministries, LLC	unpany as it now appears on our records)
(A Florida Lim	inpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L13000128155</u> .	pany were filed on September 11, 2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
E.G.O. Ministries, LLC	
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:	
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the new s here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

IGR = Ma IGRM = N	nnager Managing Member		
<u>`itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remov
			Add
			Remov
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			Add
			Remov
			
			
			Remov
			Add
	•		Remov

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Email Address is changing from msfministries@gmail.com
	to egoministries@gmail.com
Dated S	September 24 2013
	Signature of a member of authorized representative of a member LaShawn Denise Butler
	Typed or printed name of signee

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Filing Fee: \$25.00

2013 OCT -3 AN II: 53 SECRETARY OF STATE