## L13000159400

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## **COVER LETTER**

Division of Corporations	
SUBJECT: TAMPA CHRISTIAN NETWORK 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:	
YUMERCY GONEZ  Name of Person  TAMPA Christian WETWORK  Firm/Company	
Valrico, FL, 33596 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	Minister
Vosbel Amore at (813) 504 63322 7  Name of Person at (813) 504 63322 7  Area Code Daytime Telephone Number 57	
Enclosed is a check for the following amount:  \$\Begin{array}{c} \$\$ \$25.00 \text{ Filing Fee} & \$\$ \$30.00 \text{ Filing Fee} & \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$	s &

MAILING ADDRESS:

TO:

**Registration Section** 

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**

company has been notified in writing of this change.

TAMPA CURISTIAN NETWORK  (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 Nov-13-2013 and assigned Clorida document number L 13000159400.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
TAMPA CUDAN NETWORK LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
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
, Floridá
Vew Registered Agent's Signature, if changing Registered Agent:
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 Pamfamiliar with and

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00