L14000162059

(Requestor's Name)	
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PICK-UP WAIT	MAIL
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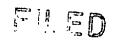
COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	ternal Life Ministries, LLC		•
SUBJECT:	Name of Lim	ited Liability Company	····
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Clayton J. Clark II		
	Words of Eternal Life Minis	Name of Person stries, LLC	
	1320 Landover Court	Firm/Company	<u>, </u>
	Tallahassee, Florida 32317	Address	
	wordsofeternallifeministries	City/State and Zip Code 14@gmail.com	
	E-mail address: (to be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca	all:	
Clayton J. Clark II		850 591-1534	
Name of	Person		e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	S30.00 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)
Registra Divisior P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 HAY 13 AH 11: 30

Words of Eternal Life Ministries, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 10/17/2014 The Articles of Organization for this Limited Liability Company were filed on and assigned ₩ L14000162059 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Words of Everlasting Life Ministries, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," 1320 Landover Court Enter new principal offices address, if applicable: Tallahassee, Florida 32317 (Principal office address MUST BE A STREET ADDRESS) 1320 Landover Court Enter new mailing address, if applicable: Tallahassee, Florida 32317 (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

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 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 company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

If amendin	g Authorized Person(s) authorized from our records:	orized to manage, <u>enter the title, name, a</u>	nd address of each person being added	
MGR = N AMBR = A	Manager Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
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			□ Remove	
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			Add	
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		May 9, 2019
<u>te:</u> If t ument	the date inserted in this bl	e date of filing:
	of specifies a delayed of the day after the rec	d effective date, but not an effective time, at 12:01 a.m. on the earlier ord is filed.
ed	May 10	260 19.
	, /	Signature of a member of authorized representative of a member Under the Tryped or printed name of signee
		Agnature of a member or authorized representative of a member
	<i>7</i> .	
	- Clayton	J. Clark // Typed or printed name of signee

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Filing Fee: \$25.00