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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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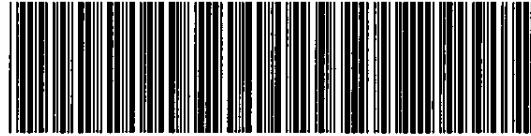
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Renewing Minds Transforming Faith 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:

Frederick Atkins
Name of Person

Renewing Minds Transforming Faith LLC
Firm/Company

3040 Oasis Grand BL #1101
Address

Ft. Myers, FL 33917
City/State and Zip Code

* fcanipe72@hotmail.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frederick Atkins at (239) 989-8845
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

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Renewing Minds Transforming Faith LLC
(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 11/24/14 and assigned Florida document number L14000181165

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 "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)

3040 Oasis Grand Blvd #1101
Ft Myers, FL 33916

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3040 Oasis Grand Blvd #1101
Ft Myers, FL 33916

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:

Frederick Atkins

New Registered Office Address:

3040 Oasis Grand Blvd #1101
Enter Florida street address
Ft Myers, Florida 33916
City Zip Code

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.

Frederick Atkins
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Amber Collins	29328 Pine Villa Cir	<input type="checkbox"/> Add
		Punta Gorda FL 33982	<input checked="" type="checkbox"/> Remove
AMBR	Amber Collins	29328 Pine Villa Cir	<input checked="" type="checkbox"/> Add
		Punta Gorda FL 33982	<input type="checkbox"/> Remove
MGR	Frederick Atkins	3040 Oasis Grand Blvd	<input checked="" type="checkbox"/> Add #1101
		Ft Myers, FL 33914	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or typed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 12/10/14

Frederick Atkins

Signature of a member or authorized representative of a member

Frederick Atkins

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA