15000080727

| (Requestor's Name) | <u></u> |
|---|---------|
| | |
| (Address) | |
| | |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| | |
| Certified Copies Certificates of Statu | ıs |
| | |
| Special Instructions to Filing Officer: | |
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| | 1 Me |

Office Use Only



900314476439

06/14/18--01005--031 **52.50



June 15, 2018

MALCOLM D PRATER 38941 SPARKMAN ROAD DADE CITY, FL 33525 US

SUBJECT: PROVERBS 13:22, LLC

Ref. Number: L15000080727

We have received your document for PROVERBS 13:22, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL LP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 818A00012560



2018 JUL 26 AM III: 13

COVER LETTER

| Division of | Corporations | | |
|------------------------|---|---|--|
| SHRIFC'T: | PROVERBS 13:22 | . I.I.C | |
| | Name of Limi | ited Liability Company | |
| The enclosed Article | s of Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all corr | respondence concerning this matter | to the following: | |
| | MALCOL | M D PRATER Name of Person | |
| | | Firm/Company | |
| | <u> 38941 SPARK</u> | MAN RD Address | |
| | DADE CITY F | L 33525 | |
| | | City/State and Zip Code | |
| | | PABAY.RR.COM o be used for future annual report notif | ication) |
| For further informati | ion concerning this matter, please ca | ill: | |
| M. D | WAYNE PRATER | at (813) 714-959 Area Code Daytime | 99 |
| Na | ime of Person | Area Code Daytime | : Telephone Number |
| Enclosed is a check | for the following amount: | | |
| □ \$25.00 Filing Fe | c 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) |
| Re | AILING ADDRESS: | STREET/COURI Registration Section | |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PROVERBS 13: | |
|--|--|
| (<u>Name of the Limited Liability Co</u> (A Florida Limi | ompany as it now appears on our records.) nted Liability Company) |
| The Articles of Organization for this Limited Liability Comp. $ \frac{L15000080727}{L15000080727}. $ | pany were filed on 05/06/2015 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: |
| The new name must be distinguishable and contain the words "Limited L | 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 | s) <u>E</u> |
| | <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 egistered agent and/or the new registered office address in the new registered of th | d office address on our records, <u>enter the name of there</u> : |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| | Cuy 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---|--------------------|-------------------|
| AMBR | DAVID WESLEY PRATER | 39111 RIVER ROAD | Add |
| | | DADE CITY FL 33525 | y⊟ ∕Remove |
| | | | Change |
| | | | |
| | | | ☐ Remove |
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| DAVID WESLEY PRATER TRANSFERS HIS 25% OWNERS | HIP | |
|---|---------------------------------------|-----------|
| TO MALCOLM DWAYNE PRATER | | |
| FINAL OWNERSHIP: | | |
| MALCOLM DWAYNE PRATER 50% | | |
| JOHN DANIEL PRATER 25% | | |
| KATHRYN DARLENE MCKENDREE 25% | | |
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| ive date, if other than the date of filing: (ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days. If the date inserted in this block does not meet the applicable statutory filing requirements ent's effective date on the Department of State's records. | | |
| cord specifies a delayed effective date, but not an effective time, at 12: 90th day after the record is filed. | 01 a.m. on th | e earli |
| 7/24/18 | | |
| (an) (1) (1) | | |

Page 3 of 3

Filing Fee: \$25.00