## L15000095148

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(Address)				
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(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

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то:	Registration Section   Division of Corporations	:				
SUBJE	ECT: MORINGA MINISTRIES LLC Name of Limited Liability Company					
The enc	closed Articles of Amendment and fee(s) are submitted for filing.					
Please r	return all correspondence concerning this matter to the following:					
	WAYNE EARL LAYTON Name of Person					
	Moringa Ministries LLC Firm/Company					
	424 E. Central Blvb #1	100				
	ORIANDO, FI 3280 / City/State and Zip Code  MORING A MINISTRY O G MAIL, COM  F-mail address: (to be used for future annul report notification)					
	E-mail address: (to be used for future annual report notification)	,				
For furt	ther information concerning this matter, please call:					
	Wayne Earl Layfor at (407) 227-2466  Name of Person Daytime Telephone Number					
Enclosed is a check for the following amount:						
□ <b>\$</b> 25	5.00 Filing Fee Certificate of Status S55.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	tus &				

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

MORINGA MINI	stries LLC
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L/50000 951</u> .48	were filed on 6/0///5 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	WAYNE EAR! LAYFOR
(Principal office address MUST BE A STREET ADDRESS)	WAYNE EARL LAYFOR 3800 Suffers Mill Court CABBELBERRY, Fl 32707
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX	25
B. If amending the registered agent and/or registered of	fice address on our records, enter the name of the new
registered agent and/or the new registered office address here	re EARL LAYton
Name of New Registered Agent: 1144/ New Registered Office Address: 3800	SUTTERS MICC CIR  Enter Florida street address
CHSSE	City Florida F 32707  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

Page 1 of 3

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		
MBR	SUSAN Amell	1203 Quintaplet Ct.	Add		
		1203 Quintuples Ct. CASSelberry, Fl 32707	Remove		
			Change		
<del></del>					
			□ Remove		
			Change		
			1584UG		
			Remove:		
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Filing Fee: \$25.00