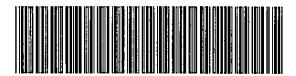
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COVER LETTER

TO:	Registration Se Division of Cor					
(7111111	SZOVE.	J MORAL	MINISTRIES LLC			
SUBJE	.CT:	Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
			JOSE M MORAL			
			Name of Person		_	
			J MORAL MINISTRIES LLC			
			Firm/Company			
	3301 50TH ST W				2022 JUN 27 AMII: I	
			Address		HU A	
			LEHIGH ACRES, FL 33971		JH 27 AN	
			City/State and Zip Code		SEE A	
			ORALIIDEZ@GMAIL.COM			
			to be used for future annual report notific	cation)	= 5	
For fur	ther information c	oncerning this matter, please of	all:			
	JOSE M MORA	AL .	813 298-8631			
	Name o	f Person		Telephone Numbe	ī	
Enclose	ed is a check for th	ne following amount:				
■ \$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status			□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifico	ite of Status &	
	Mailing Address Registration S		Street Address: Registration Sect	ion		
	Division of C P.O. Box 632		Division of Corp The Centre of Ta			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J MORAL MINIS	TRIES LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	inv as it now appears Liability Company)	on our records.)	······································
ne Articles of Organization for this Limited Liability Company orida document number		07/10/2015	and assigned
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	ility company her	<u>e</u> ;	
ULL EDITING LLC		_	
enew name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
ter new principal offices address, if applicable:			
incipal office address MUST BE A STREET ADDRESS))022
			½ 2 <u>3</u>
ter new mailing address, if applicable:			7 1
			
ailing address MAY BE A POST OFFICE BOX)	· · · · · ·		<u> </u>
			<u>~~~~~</u>
If amending the registered agent and/or registered office ent and/or the new registered office address here:	address on our rec	cords, <u>enter the nar</u>	ne of the new registe
Name of New Registered Agent:			
New Registered Office Address:	Enter Floria	la street address	·
	Line, I had	THE COLUMN TWO	
	City	, Florida _	Zip Code
	\/1 7 ,5		ingr corner

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 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>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
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	her than the date of filed, the date must be specific period in this block does no	and cannot be prior to	o date of filing or mor	(option to than 90 days after fi	ling.) Pursuar	nt to 605.0207
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