L15000105132

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2015

DAWN R. KOOP 940 TARPON STREET FORT MYERS, FL 33905

SUBJECT: GLOBAL ETHER'S MINISTRIES LLC Ref. Number: L15000105132

| We have received your document for GLOBA your check(s) totaling \$52.50. However, the | enclosed document has | S LLC s not | and been | |
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| filed and is being returned for the following cor | | 7 € | 2015 | |
| We are enclosing the proper form(s) with instr | | ence. | ٥ | 1 |
| Please return your document, along with a coupour filing will be considered abandoned. | ţ | رت پي | | |
| If you have any questions concerning the fi (850) 245-6051. | ling of your document, | please | e call | U |
| Deborah Bruce Regulatory Specialist II | Letter Number: 015A00 | * | | |

COVER LETTER

TO:

| TO: | Registration Se Division of Cor | | | |
|----------|------------------------------------|--|--|--|
| SUBJI | ест: <u>С</u> | -lobal Ether Name of Limi | 5 Ministries ? ited Liability Company | ic |
| The en | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | Dawn | Name of Person 2 ESHNER'S Mi | ristrics GEM W |
| | | 0 / - | Firm/Company On Street Address | |
| | | Ft myers dmotner E-mail address: | City/State and Zip Code Cork a gmail. To be used for future surply a report notification of the control of the | 2015 JUL 22 P 4: 04 SECRETARY OF STATE TALLAHASSEE. FLORID |
| For fu | rther information c | oncerning this matter, please ca | all: | P 4: 00 |
| I | Name o | R KOPP | at 2391 600- Area Code Daytime | -2653 E Telephone Number |
| Enclos | sed is a check for th | ne following amount: | | |
| | 5.00 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 |
| C | 2世127 | 18/12. | | (additional copy is enclosed) |
| <u>C</u> | bared or | 18/12. | | |
| | Registr Divisio P.O. Bo | ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314 | STREET/COUR! Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32 | n ations nter Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (A Florida Limited L | ability Company) |
|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L15000105132</u> . | were filed on June 15, 2015 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabile The new name must be distinguishable and contain the words "Limited Liability". | es 1 G.E.M. LLC |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | Sane 940 Tarpon St Ft Myer, FL 33914 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | SECRE AR JUL 22 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | fice address on our records enter the name of the ne |
| 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

all MGR = Manager AMBR = Authorized Member **Title** Name Address **Type of Action** ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □-Remove U ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ 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:

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| Note: If | date, if other the date is listed, the date inserted in the date of the date o | this block o | loes not mee | t the applicable | late of filing | 2015 or more than 90 filing requirem | (optional days after filing ents, this da | i l) ng.) Pursu | ant to 605.0 bt be listed |)207 (3) t as the |
| The 90 | rd specifies a do Oth day after th | ne record | is filed. | | | | | ı. on th | e earliei | r of : |
| Dated <u> </u> | July o | 20,2 wn | D15, | Los | 20 | - | | | | |

D.

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Page 3 of 3

Filing Fee: \$25.00