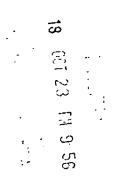
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Office Use Only



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## **COVER LETTER**

Div	ision of Cor	porations						
SUBJECT:	The Flame Outflow Center, LLC  CT:  Name of Limited Liability Company							
SUBJECT								
The employed	t Amitalia a c	Amount and foul of ore sub-	nitral for filing					
		Amendment and fee(s) are sub-						
Please return	all correspo	ndence concerning this matter	to the following:					
		Kiyata Branker						
			Name of Person					
		Flame of Fire International	Ministries and Resource Center	of Person and Resource Center, Inc.  Company  dress  and Zip Code  future annual report notification)  05 830-3473  Tea Code Daytime Telephone Number  Diffing Fee & Gentle See, Certificate of Status & Certificate of Status &				
			Firm/Company	<u></u>				
		16400 NW 15th Ave						
			Address					
		Miami, Fl 33169						
		mskbranker@gmail.com	City/State and Zip Code					
		E-mail address: (	to be used for future annual report r	notification)				
For further in	nformation c	oncerning this matter, please ca	all:					
Kiyata Branl	ker		305 830-3473					
	Name o	f Person	Area Code Day	time Telephone Number				
Enclosed is a	a check for th	ne following amount:						
<b>⊠</b> \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)					

MAILING ADDRESS:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
he Articles of Organization for this Limited Liability Company were filed on $\frac{9}{2}$ lorida document number $\frac{115000154754}{115000154754}$ .	0/10/2015 and assigned
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company	<u>here</u> :
e new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	. ;
Principal office address MUST BE A STREET ADDRESS)	153 <u>.</u>
nter new mailing address, if applicable:	(*)
Nailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address of	
gistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter F	lorida strevt address
	, Florida 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>	<u>Address</u>	Type of Action
AMBR	Meshell Branker	16400 NW 15th Ave, Miami, Fl 33169	<b>=</b> Add
			Add
			□ Remove
			□ Change
	Sherry Magwood	16400 NW 15th Ave, Miami, Fl	
AMBR		33169	Add
			□ Remove
			Change
<u>-</u>			
			• a
		11-0-	□ Change
			Add
			Remove
			C Remove
			Change
			Remove
			□ Change
			□ Remove
			□ Change

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					<del></del>
	<u>.</u>				
					<del></del>
lote: If the date ins	serted in this block o	e of filing:  pecific and cannot be ploes not meet the apment of State's reco	plicable statutory fil	(opting than 90 days after ing requirements, this	onal) filing.) Pursuant to 605,020 s date will not be listed as
	es a delayed eff after the record		not an effective	e time, at 12:01 a	a.m. on the earlier o
October 15		2018			
	/5	TATA.	1111		
	Sign	_/////	authorized representati	iva of a mambar	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00