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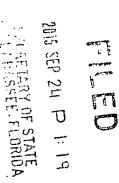
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COVER LETTER

TO: Registration Secundary Division of Corp	tion orations		•
SUBJECT:	ADDITION OF WANAGER Name of Limited Liability Company A Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: WALKA BUARNER Name of Person RIVER OF HOPE HINISTRIES TWIER, Firm/Company 8065 DUCHESS CT W. Address BOYNTON BEACH, FL 33436 City/State and Zip Code PASTER MALKA © END THE HOWER, But Be-mail address: (to be used for future annual report notification) Information concerning this matter, please call:		
The enclosed Articles of A			
Please return all correspon	dence concerning this matter	to the following:	
		WAYRA GUARNE	Ri
	RIVER OF	Nature of Person Hope Hinistries	INTER.
	8665	Ductess CT	ω
	BOYNT	ON BEACH, FL	33436
•	PASTOR MA	YRA @ END THE	HWGA, BM
For further information con	ncerning this matter, please ca	ıll:	•
Name of	Person	at (845) SSC Area Code Daytime	3656 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 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 (additional copy is enclosed)

mge 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

RIVER OF HERE MINISTRIES, INTERNATIONAL (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited L	iability Company)	, ,	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000 155 495</u> .	were filed on	9/14/15	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	ere:	
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:		esignation "LLC" or the a	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offregistered agent and/or the new registered office address here		our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	rida street address	
		, Florida _	7: 0.1
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in (my duties, and I am Chapter 605, F.S. O	familiar with and r, if this document is

Page 1 of 3

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	MICHAEL BUMBLERI	756 BRADY AVE #507 BRUDX, NY 10462	X Add
		BRUNX, NY 10462	Remove
			Change
			Add
			Remove
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		ATE PRIDA	

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Filing Fee: \$25.00