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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		race Music Ministry LLC.		
30000	C1	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
		Daryl Jones		
			Name of Person	
		Mercy & Grace Music Min	nistry LLC.	
			Firm/Company	
		8134 Carlton Ridge Drive		元·元·元·元·元·元·元·元·元·元·元·元·元·元·元·元·元·元·元·
		Land O' Lakes Fl. 34638		PR 26
			City/State and Zip Code	
		Daryl@mercy-grace.org		
For furt	her information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notit all:	TAPR 28 PHIL: 50
Daryl J	ones		813 843-1198 at ()	
	Name o	f Person		Telephone Number
Enclose	ed is a check for the	he 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)
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mercy & Grace Music Ministry L			•	
(Name of the Lim	ited Liability Compa (A Florida Limited)	any as it now appears o Liability Company)	n our records.	
The Articles of Organization for this Limited I	Liability Company	were filed on $\frac{3/11/2}{2}$	2016	and assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here	:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	gnation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if appli	8134 Carlton Ridge	e Drive		
Principal office address MUST BE A STRE	Land O' Lakes Fl. 34638			
Enter new mailing address, if applicable:		8134 Carlton Ridge	e Drive	TATE ATTA
Mailing address MAY BE A POST OFFICE	E BOX)	Land O' Lakes Fl 3	34638	28 SSE
B. If amending the registered agent and registered agent and/or the new registered of			ur records, enter	the name of the ma
Name of New Registered Agent:	Daryl Jones	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	8134 Carlton R	idge Drive		
		Enter Florida	street address	
	Land O' Lakes	· · · · · · · · · · · · · · · · · · ·	, Florida ³⁴	638
		City		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>	Address	Type of Action
AP	Daryl Jones	8134 Carlton Ridge Drive	□ Add
		Land O' Lakes Fl 34638	□ Remove
			☐ Change
			Add
			☐ Remove
		 	☐ Change
			□ Add
		,	Remove AHASSET
			Change SEE
			Chabe SEE PHII: 50 Remove
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		APR 28	385
		P# 1: 30	
			LOKION LOKION
		`	3 5
Note:	tive date, if other than the date of filing:	uant to 605.020 ot be listed a	07 (3)(b) as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	ne earlier	of:
Dated	Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00