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(((H17000332232-3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

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Account Number : I20030000042 Phone : (239)390-1912 Fax Number : (233)390-1901

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ETREINE! HARBOR, LLC

| Certificate of Status |     | 0       |
|-----------------------|-----|---------|
| Certified Copy        | (1) | 0       |
| Page Count            |     | 03      |
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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

| Eireinei Harbor, LLC   |   |  |
|--|---|--|
| (Name of the United Limited Limiter<br>(A Florida Limiter  | nany as it now appears on our recor                             | <u>ds,</u> )   |
|  |   |  |
| The Articles of Organization for this Limited Liability Compan   | y were filed on June 8, 2016                                    | and assigned   |
| Florida document number L16000111412   | •   |  |
| This amendment is submitted to amend the following:  |   |  |
| A. If amending name, enter the new name of the limited lin   | bility company here:  |  |
| Peace Harbor Christian Training and Retreat Center, LLC  |   |  |
| The new name must be distinguishable and contain the words "Limited List   | pility Company," the designation "I.L.                          | C" or the abbreviation "L.L.C."                              |
| Enter new principal offices address, if applicable:  |   | c.   |
| (Principal office address MUST BE A STREET ADDRESS)  | # 1   |  |
|  |   |  |
|  |   |  |
| Enter new mailing address, if applicable:  | <u> </u>  |  |
|  |   | <u>ب</u> ب   |
| (Mailing address MAY BE A POST OFFICE BOX)   | 1   | <b>6</b> ,   |
|  |   | ······································                       |
| registered agent and/or the new registered office address he  Name of New Registered Agent:  |   |  |
| New Registered Office Address:   |   |  |
| New Argustated Office Address.   | Enter Florida street uddr                                       | C15  |
|  | . #   | (lorida  |
| pas veryalit a jun vidado, en de desenvo   | City  | (lorida <u>Zip Code</u>                                      |
| New Registered Agent's Signature, if changing Registered Agen  | <u>ti</u>   |  |
| I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officeompany has been notified in writing of this change. | te performance of my duties, c<br>s provided for in Chapter 605 | and I am familiar with and<br>, F.S. Or, if this document is |
| if Ci  | nanging Registered Agent, Signatur                              | e of New Registered Agent                                    |
|  |   |  |

MGR = Manager

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PGH-FAX-01.2.1

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

| itle          | Name | Address                                      | Type of Action |
|---------------|------|--|----------------|
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| ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filities. If the date inserted in this block does not meet the applicable statutoument's effective date on the Department of State's records. | (optional) ng or more than 90 days after filing.) Pursuant to 605. ry filing requirements, this date will not be liste |
| ecord specifies a delayed effective date, but not an effective 90th day after the record is filed.   | tive time, at 12:01 a.m. on the earlie   |
| te such day after the record is fried.   |  |
| December 19 2017   | :  |
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