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S. YOUNG

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SECRETARY OF STATE A

COVER LETTER

TO: Registration Sec Division of Corp					
FIVE FOI					
SUBJECT:	Name of Lim	ited Liability Company	·		
	Amendment and fee(s) are sub	-			
	MARSHA SIHA	-			
		Name of Person			
•	INCFILE.COM LLC				
	-	Firm/Company	· -		
	17350 STATE HWY	249 SUITE 220			
		Address			izs.
	HOUSTON TX 7706	54		16 OCT	CAR
	MARSHA@INCFILE	City/State and Zip Code .COM		OCT 26 F	ASSE
	E-mail address: (to be used for future annual report notifi	cation)	PM 4: 09	SES
For further information co	oncerning this matter, please c	all:		. 09	
MARSHA SIHA		888 462-3453		_	10
Name of	Person	at () Area Code Daytime	Telephone Number	_	
Enclosed is a check for th	e 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 For Certificate of Societified Copy (additional copy is	Status &	

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

_	 _	_	\sim	- 1	_		$\overline{}$
_	 F	_			1		

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	
(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company L16000156583 Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The Pentecostals of the Palm Beaches East Campu	is LLC	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Lake Worth Community Mide	ile School
(Principal office address MUST BE A STREET ADDRESS)	1300 Barnett Dr.	- 75
(Trincipia office mainess freest bib its Freibit fibroriess)	Lake worth, Fl. 33461	6 00
Enter new mailing address, if applicable:	Lake Worth Community Midd	TARY O
(Mailing address MAY BE A POST OFFICE BOX)	1300 Barnett Dr.	
	Lake worth, Fl. 33461	AT AT A
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	1	

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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the date this document is filed by t	he Florida Department of State)	(optional) more than 90 days after
Effective date, if other than (The effective date must be specific the date this document is filed by t October 23 Dated	the date of filing: cannot be prior to date of receipt or filed date and cannot be the Florida Department of State) 2016	(optional) more than 90 days after
the date this document is filed by to October 23	he Florida Department of State)	(optional) more than 90 days after
the date this document is filed by to October 23	he Florida Department of State)	n Amh

Page 3 of 3

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