# L/7000/21319

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
,	
Certified Copies Certificates of Status	
-	1
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## FILING CANCELLED RETURNED CHECK

09/01/17--01017--016 \*\*60.00

17 SEP -1 AM 8:45

SEP 0 ( 2017 Y SULKER

## **COVER LETTER**

TO: . Registration Section Division of Corporations	Ministry
SUBJECT: Chosen One	2 for Jesus Outreach, International LLC
The enclosed Articles of Amendment and fee(s) at Please return all correspondence concerning this n	FILING CANCELLED  PETTIPNED CHECK
<u>Shane</u> Chusen	One for Jesus Outreach International LC
30210	State ROAD 590 #329 Address
<u>Clearna</u> <u>Sevansbe</u> E-mail add	City State and Zip Code  Me a Gmail Com  ress: (to be used for future annual report no litication)
For further information concerning this matter, ple Haneua Evans-Loc	<u>[</u>
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee   □ \$30.00 Filing Fee & Certificate of State	

### 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

## FILING CANCELLED RETURNED CHECK

## ARTICLES OF AMENDMENT

## ARTICLES OF ORGANIZATION

	O	G G		•	
Chosen One	for Jesu.	s Out	Minist reach, 10t.	rf ernationa	121.0
(Name of the Lim	ted Liability Compar   (A Florida Limited L	y as it now appears lability Company)	on our records.)		
			5/20/m	/ 7	
The Articles of Organization for this Limited I		were filed on	0/0 <b>0</b> /00/	and assigne	ed
Florida document number <u>41700012</u>	<u>11379                                   </u>				
This amendment is submitted to amend the fol	  lowing: 				
A. If amending name, enter the new name of	f the limited liabi	ity company he	<u>re</u> :		
- William Box Dolding of	o O de Cora	MOOTHE OF	10°02		
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the de	signation "LLC" or the	abbreviation "L.L.C."	<del></del>
Enter new principal offices address, if appli	cable:		A TO KOM	570532	Sea.
(Principal office address MUST BE A STRE	E <u>T ADDRESS)</u>	<u>Para de la como de la</u>	100000B	2156 De	Suite
		910 6	AKC CARI	11101) DRL	ILE) Flox
		J. Pete	RS bURG ; F	1 33716	مانت
Enter new mailing address, if applicable:		As territ or 1 . a	4-2-11	·	
(Mailing address MAY BE A POST OFFICE	BOX)	amen a	RECUESCO	POPALDRA	E Sup
		<b>MODEL</b>	RINGO P	DERAND	
			2 ROAD 590 #3		
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter	the name of t	the new
registered agent and/or the new registered o		•			
N (N )					
Name of New Registered Agent:	<del>-</del>		_ <del>_</del>		
New Registered Office Address:	<b></b>	<u> </u>		·	
		Enter Flori	da street address		
			Florida	<b></b> *	
		City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			35	
I hereby accept the appointment as register	 ed agent and agre	e to act in this c	apacity. I further ag	gree-to comply w	vith the
provisions of all statutes relative to the prop					
accept the obligations of my position as reg being filed to merely reflect a change in the					
company has been notified in writing of this			, and the h		
, ,	H			"	

If Changing Registered Agent, Signature of New Registered Agent

		nage, enter the title, name, and address of eac	h person being added
MGR = Ma	rom our records: nnager nthorized Member	FILING CANCELLED RETURNED CHECK	
<u>Title</u>	Name	Address	Type of Action
MGR_	Shaneva Evans-Boone	3021 State ROAN 590 #329 Clearwater, F1 33759	<b>⊅</b> Add
			☐ Remove
AMBR	Melvin Boone Je	1 <b>5</b> 90 Tilley Ave	Change
		Clearwater, F1 33754	Remove
MGR	Matthew J. Maple	1146 Wildwood St Clearwater, F1 33756	7 Add
			□ Remove□ Change
Mar	Jamaya Woods	3021 State KOAN 590 Clearwater, FI 33759	ZAdd
	Vanisa Ct	7001 St. 1 D. 5	
M6R	Kenyania Cox	3021 State RUANE Apt #329 Clearunder, F	Add 1337\$ ) □ Remove
			Change
MGR	James Thomas Boyo	3021 StateROAD 590 Apt #329 Clearwater FI	
			□ Remove
			Change

D. If amending any other information, ente	r change(s) here: (Attach additional sheets, if necessary.)	
Change Compan	4 address to 3021 (Fate ROA) 590	
#329 Clearwards	r F1 33759	
Marton Tolkin Brasse	<u></u>	
Sand Garage Character of S	FILING CANCELLED	
	RETURNED CHECK	
-		
	<del> </del>	
<del></del>	SE SE	
	55. 1	
	A <del>R</del>	17
	07 <b>t</b>	(ma)
E. Effective date, if other than the date of fil (If an effective date is listed, the date must be specific Note: If the date inserted in this block does not document's effective date on the Department of	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 meet the applicable statutory filing requirements, this date will not be listed	207 (3)(b as the
If the record specifies a delayed effectiv (b) The 90th day after the record is file	date, but not an effective time, at 12:01 a.m. on the earliered.	of:
Dated Wily 19	2017	
Signature	Ha member or authorized representative of a member	
	Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00