117000180303

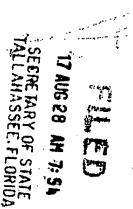
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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AUG 29 2017

COVER LETTER

TO:	Registration Sect Division of Corpo			
CUBIE		THE RISING SUN CHRISTIA	AN CHURCH, LLC	
SUBJE	CI:	Name of Limit	ed Liability Company	
The enc	losed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please r	eturn all correspond	dence concerning this matter to	o the following:	
		KATHLEEN BRENNAN		,
			Name of Person	
		HOUSE OF THE RISING	SUN CHRISTIAN CHURCH, LLC	
			Firm/Company	
		257 MIDWAY AVE		
			Address	
		ORMOND BEACH, FL 32	174	
			City/State and Zip Code	
		RPAINTBODY@AOL.COM		
		E-mail address: (to	be used for future annual report notifica	tion)
For furt	her information cor	ncerning this matter, please ca	II:	
KATH	LEEN BRENNAN		386 299-6597 at ()	
	Name of I	Person	Area Code Daytime Te	elephone Number
Enclose	d 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)

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

HOUSE OF THE RISING SUN CHRISTIAN CHURCH, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A riolida	Elimied Elability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000180303</u>	ompany were filed on August 23, 2017	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr Name of New Registered Agent:		September 1628
New Production of Office Address	ָרָ קר	
New Registered Office Address:	Enter Florida street address	2 % B
	, Florida	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
MGR	RANDY H CRABTREE	257 MIDWAY AVE	■ Add
		ORMOND BEACH, FL 32174	Remove
MGR	KATHLEEN P BRENNAN	257 MIDWAY AVE	
		ORMOND BEACH, FL 32174	□ Remove
			■ Change
			Add
			Remove
			Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more local listed and inserted in this block does not meet the applicable statutory filing locument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective tir The 90th day after the record is filed.	me, at 12:01 a.m. on the	earlier o
Pated August 24 2017		
/atcu		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00