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ALCARIASSEE, FLORIDA

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JUL 1 8 2019 S. YOUNG

COVER LETTER

	Registration Sect Division of Corpo			
SUBJEC	т: <i>Persol</i>	nal Pastoral Name of Limite	Care LLC ed Liability Company	
The enclo	osed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please ret	turn all correspond	lence concerning this matter to	o the following:	
		Rev. Keith	A. Schwerkert Name of Person	
		Personal Pas	-toral Care, LLC Firm/Company	2
		247/ Sumaz	ran Way, #61	
			FL 33763-18 City/State and Zip Code	
		Keithorev-k E-mail address: (to	be used for future annual report notificati	ion)
For furthe	er information con	cerning this matter, please call	l :	
Rev	Kei'HA Name of F	Schweikert erson	at (<u>727)</u> <u>853–5</u> Area Code Daytime Tel	1970 Sephone Number
Enclosed	is a check for the	following amount:		
\$25.0	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

Personalized Pastoral (Name of the Limited Liability Comp (A Florida Limited	any as it now appears on or	Car records.)
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on <u>02</u> /	26/20/8 and assigned
Florida document number <u>L1800005/4.59</u> .	/	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
Personal Pastoral Care	110	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		72. 0
Timepa office dates MOST DE A STREET ADDRESS)		
	-	
Estar non mailing address: if analisable.		i i i i i i i i i i i i i i i i i i i
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		5:: :-
		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		records, enter the name of the nev
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	12	
	Enter Florida stre	ret address
		, Florida
N	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	•	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my du provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is
If Cha	inging Registered Agent, Si	gnature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR.	Rev Keith A. Schweikert	2471 Sumatran Way, #61	
		Clearwater, FL 33763-183	Remove
			Change
			
		□ Remove	
		 	Change
		🖸 Add	
			Remove
		Change	
		🗆 Add	
		☐ Remove	
			□ Change
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		Change	
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			Change

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Effect	ive date, if other than the date of filing: \(\begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(If an ef	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
) The	90th day after the record is filed.
	T = I = II
Dated	<u>July 4. 2019.</u>
	n www.ll. L
	KOST SOUTH A HOKUMIROST
	Signature of a member or authorized representative of a member
	Rev. Keith A Schweikert Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00