

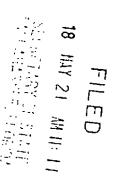
(Re	questor's Name)	
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COVER LETTER

	Registration Sec Division of Corp			
CUBICA	3M MINIST	TRIES LLC		
Name of Limited Liability Company				
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspoi	ndence concerning this matter	to the following:	
		Kathy Tye		
			Name of Person	
		DDF CPA Group		
		******	Firm/Company	
		P.O. Box 9089 4729 U.S. Highway 17 South, Suite 201		
			Address	
		Fleming Island, Florida 32	006	
			City/State and Zip Code	
		ktye@ddfcpa.com		
For furthe	er information co	e-man address: (to be used for future annual report notifiall:	ication)
Kathy Ty	ye		904 264-9768	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	e 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

FILED
18 MAY 21 MILLI

3M Ministires LLC

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

The Articles of Organization for this Limited Liability C	company were filed on 05-07-18	and assigned
Florida document number <u>1.1800014292</u> <u>L180001</u>	<u>1</u> 4292	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
3M MINISTRIES LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		cords, <u>enter the name of the new</u>
New Registered Office Address:	Enter Florida street e	
	Enter Florida Mreet (maress
	City	_, Florida Zip Code
N D : 14 05' : 17 1 1 1	•	Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and cacept the obligations of my position as registered agbeing filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my dution $gent$ as provided for in Chapter f	es, and I am familiar with and 605, F.S. Or, if this document is
	If Changing Registered Agent, Signs	nture of New Registered Agent

	Authorized Person(s) authorized to n from our records:	nanage, <u>enter the title, name, and address of e</u>	ach person being ad
MGR = M AMBR = A	anager uthorized Member	nanage, enter the title, name, and address of earth FILED 18 HAY 21 AM 11: 11	
<u> Fitle</u>	<u>Name</u>	Address Address Address	Type of Action
		· · ·	D Add
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			Add
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3M MINISTIRES LLC and the correct spelling should have been 3M M	MINISTRIES LLC.
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	A STATE OF THE STA
	
	
ective date, if other than the date of filing:	(optional)
reffective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory nument's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.0
record specifies a delayed effective date, but not an effective factorial in the secord is filed.	ve time, at 12:01 a.m. on the earlier
P. Dans Hodge of Signature of a member or authorized representation	
50 . 11 .	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00