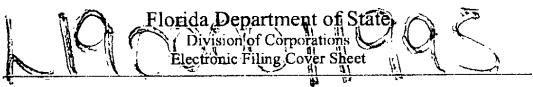
4/25/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : 120140000847

: (813)774-4726

Fax Number

: (813)877-2186

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANOINTED PRAYER MATS LLC

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### To: Page 3 of 6

## **COVER LETTER**

	istration Sec ision of Corp					
SUBJECT.	ANOINTED	PRAYER MATS LLC				
SUBJECT:		Name of Limited Liability Company				
The enclosed	d Articles of a	Amendment and fee(s) are sub-	nitted for filing.			
Please return	all correspon	ndence concerning this matter t	to the following:			
		MONTOYA, HILDA				
			Name of Person	·		
		ANOINTED PRAYER MA	ATS LLC			
			Firm/Company			
		24932 HYDE PARK BLV	D		~	
		Address				
LAND O LAKES, FL 34639		2019 APR 2	APE Exe			
		anointedprayermats@gmail	City/State and Zip Code com		100 B	
		E-mail address: (	to be used for future annual report notifi	cation)	TS ?	<del>-</del>
For further i	information c	oncerning this matter, please co	alt:		27	
MONTOY	A, HILDA		813 4109810 at ( )			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
	МΑП	ING ADDRESS:	STREET/COURIE	ER ADDRESS:		

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ANOINTED PRAYER MATS LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our recommitted Liability Compuny)	·ds.)
The Articles of Organization for this Limited Liability Con Florida document number L19000011995		and assigned
	٠.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		APR APR
Enter new mailing address, if applicable:		77 2 72
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		₹ ?: 2:
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our recor <u>ess bere</u> :	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	E23
		Florida
	City	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

Title	Name Address		Type of Action		
MGR	ROJAS, DORIS C	2672 DEBANY RD	Add		
		KISSIMMEE, FL 34744	■ Remove		
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4/25/2019

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D. If amend	ling any other information, enter change(s) here: !Attach additional sheets; if necessary.)		•	
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ilf un élfert	date, if other than the date of filing: 04/25/2019 (optional) (optional) ive date is listed, the date mass be specific and cancel be prior to date of filing or more than 90 days after (titing.) Pursuant to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be to	SOS IIC U7 (	ر ج	
	's effective date on the Department of State's records.			
If the recor (b) The 9	d specifies a delayed effective date, but not an effective time, at 12:01 e.m. on the ea. Oth day after the record is filed.	rller of:		
Dated	April 25 2019 \			
	HACE			
	Signature of a member or authorized to the defect of a member  HILDA MONTOYA			
	Typed or printed name of signes.			

Page 3 of 3 Filing Fee: \$25.00