

L19000090472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

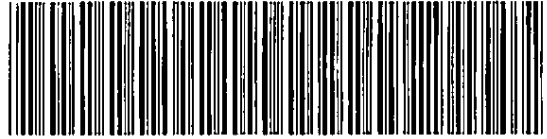
(Document Number)

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12/11/23-01008--003 **25.00

2023-12-11 PM 1:13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Antoinette Cipe
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.
Please return all correspondence concerning this matter to the following:

Antoinette Cipe Name of Person
Grope of Jesus Christ Firm's company
530 SE 26th St Cape Coral Address
FL 33904 City, State and Zip code
Stoinnemibistry@gmail.com E-mail address (to be used for future amendments)

For further information concerning this matter, please call

Antoinette Cipe Name of Person at 239 219 5803 Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee ☐ \$55.00 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Cypress Beauty LLC

Name of the Limited Liability Company (if now appears on our records)

The Articles of Organization for this Limited Liability Company were filed on 12/15/2023 and assigned
Florida document number U9000090472

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SR Toïne Ministry, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC," or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MUST BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent

New Registered Office Address

Under Florida law, address

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. On 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.

Not Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Type of Action☐ Change

D. If amending any other information, enter change(s) here: *Added additional sheets, if necessary.*

[illegible]

F. Effective date, if other than the date of filing: _____ (optional)
 If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If a date is not listed, the date of filing is the effective date.

NOTE: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 12/15/20 23
Antoinette Ciper
 Signature of member or authorized representative of a union:
Antoinette Ciper
 Typed or printed name of signee