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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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JUN 2 7 2019 S. YOUNG

COVER LETTER

Division of Cor	porations	`	
SUBJECT:	Church K	ea ted Liability Company	
The enclosed Articles of	Amendment and fec(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	St. Peter	Name of Person Person Person Firm/Company Address City/State and Zip Code 4 7 8 6	33707
	E-mail address: (I	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
HWILL Mane o	x Upunurun f Person	at (127) 612 Area Code Daytime	8 405 Telephone Number
Enclosed is a check for the	ne 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

TO:

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

The Articles of Organization for this Limited L	ability Company were	e filed on 5/	$\frac{11}{2015}$ and assigned
Florida document number <u>L1900118</u>	193.		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability	company here:	
The new name must be distinguishable and contain are w	ords "Limited Liability Co	ompany," the desig	
Enter new principal offices address, if applic	able:		16 6
(Principal office address MUST BE A STREE			多数量型
A Theopar office days on the same of the s			数 55
	_	· -	E P
F 4			: = : :: = : : : : : : : : : : : : : : : : :
Enter new mailing address, if applicable:	-	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<u> </u>
	_		
B. If amending the registered agent and registered agent and/or the new registered of		address on ou	ir records, <u>enter the name of the</u>
Name of New Registered Agent:	barret	Max	Upenurch
New Registered Office Address:			
		Enter Florida	street address
			, Florida
		City	Zip Code
New Registered Agent's Signature, if changing l	Registered Agent:		

A. Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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.

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Acti
			Add
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			□ Change
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- Ferna	tive date, if other than the date of filing: (optional)
f an cf	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 605.02
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
docun	nent's effective date on the Department of State's records.
e re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	90th day after the record is filed.
Th€	
Th€	$\frac{10/13/2019}{10/13/2019}$
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Th€	6/13/2019
Th€	
Th€	6/13/2019

D: If amending any other information, enter change(s) here: (Attach daditional Sneets, if necessary,)

Page 3 of 3

Filing Fee: \$25.00