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COVER LETTER

SUBJECT: Endorsed By God. Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Angela PHS Name of Person Firm/Company 19121 W 2nd Ave # 421 Address High Hard Sallog Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Firm/Company 19121 W 2nd Ave # 421 Address High Hard Sallog Area Code Daytime Telephone Number Enclosed is a check for the following amount:	TO: Registration Sect Division of Corp				9, 5
Please return all correspondence concerning this matter to the following: Angela Pi+S Name of Person Firm/Company 19921 MV 2nd Ave # 421 Address High E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Angela Pi+S Pirm/Company 19921 MV 2nd Ave # 421 Address All Code Area Code Daytime Telephone Number	SUBJECT:	Endorsed R	ted Liability Company		
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Firm/Company 19821 M 2nd Ave # 421 Address HIAM FL 33169 Gritts (east-ox) Committee and E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code Area Code Daytime Telephone Number	Please return all correspon	dence concerning this matter t	to the following:		
19821 MW 2nd Ave, # 421 Address Hiami FL 33169 Oity/State and Zip Code OpiHS (earl to Y 62, 6 mi) COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Angularity Area Code Daytime Telephone Number		Ang	Mela PiHS Name of Person		
For further information concerning this matter, please call: Angula 11+5 at (35-) Name of Person Area Code Daytime Telephone Number		19821 N Miami	N 2nd Ave # Address FL 33169	421	
Angela Pitts at (355), 705-3316 Area Code Daytime Telephone Number		apitts (eal	tor @ amail (COM (cation)	
Name of Person Area Code Daytime Telephone Number	For further information con	ncerning this matter, please ca	ill:		
Enclosed is a check for the following amount:	Angela Name of I	11H3			
Enclosed is a check for the following amount:	,				
	Enclosed is a check for the	following amount:			
\$25.00 Filing Fee S25.00 Filing Fee & S60.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy)

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

	OI ,	
	orsed BY God	LLC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on 625/19	and assigned
This amendment is submitted to amend the follow	ring:	1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A. If amending name, enter the new name of t	he limited liability company here:	DA GET
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the a	bbreviation "E.C."
Enter new principal offices address, if applicat	ole:	-
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, enter the name here:	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Angela Pitts	19821 NW 2nd ave #421 Mami, Th 33169	XAdd
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			□ Change
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Filing Fee: \$25.00