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(Requestor's Name)
(Address)
(Address)
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(City/Changia/Dhana H)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
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Special Instructions to Filing Officer:
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Ornerd Name Change

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COVER LETTER

TO: Registration Section Division of Corporation				
subject: Sha	toyia Falls	Ministries nited Liability Company	· ·	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Shatoyi	a Falls Name of Person		
		Firm/Company		
	Shatujiat	Address VILL FL 32 City/State and Zip Code AUGO AMAIL (Or (to be used for future annual report notif		20 0CT 13 PM 1: 45
For further information con	cerning this matter, please c	all:		: 1 5
Shatolia Name of P	Falls	at (TV) V S Daytime	7537 Telephone Number	- -
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fce	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is o	tatus &
<u>Mailing Address:</u>		<u>Street Address:</u>		

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

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

Shatuja Falls (Name of the Limited Liability Com (A Florida Limite	Min Strices, LC Ipany as it now appears on our records.) d Liability Company)	OCT 13 PI
The Articles of Organization for this Limited Liability Compar Florida document number LIGOOZISK6.7	ny were filed on <u>812712019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia Shabyia Falls World Wig The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	de Ministries Lubility Company," the designation "LLC" or the abl	oreviation "L.L.C." Id AVE 32216
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	Sielz Highfield Jucksonville, FL	Ave 32216
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name	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.

in 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change
.			□Add
		0	□Remove
			Change
			□Add
			Remove
			□Change

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•	
ffect	ive date, if other than the date of filing: (optional)
an ef Note:	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 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them; seffective date on the Department of State's records.
record is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	Ochber 07 . 7020
	a Abatan Jale
	Signature of a member or authorized representative of a member