

L19000227347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

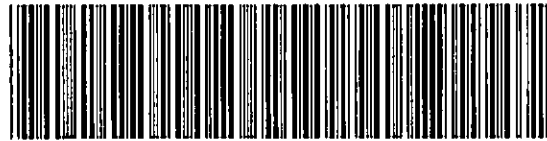
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2021 MAR -1 P 1:04

LLC Amend.

MAR 10 2021

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2021

MALCOLM PHILLIPS
614 E. W. HWY 50
SUITE 371
CLERMONT, FL 34711

SUBJECT: FREEDOM AND JOY MINISTRY LLC
Ref. Number: L19000227347

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

JEARLD H QUICK
Senior Clerk

Letter Number: 720A00021790



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2020

MALCOLM PHILLIPS
614 E. W. HWY 50
CLERMONT, FL 34711

SUBJECT: FREEDOM AND JOY MINISTRY LLC
Ref. Number: L19000227347

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JEARLD H QUICK
OPS

Letter Number: 720A00021790

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FREEDOM AND JOY MINISTRY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MALCOLM L. PHILLIPS

Name of Person

FREEDOM AND JOY MINISTRY LLC

Firm/Company

13900 COUNTY RD 455 SUITE 107-366

Address

CLERMONT, FLORIDA 34711

City/State and Zip Code

MPHILLIPS@FREEDOMANDJOYMINISTRY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MALCOLM PHILLIPS

407 612-7798
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
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**

Freedom and Joy Ministry, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/09/2019 and assigned
Florida document number L19000227347.

This amendment is submitted to amend the following:

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

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 offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13900 County Road 455

Suite 107-366

Clermont, FL 34711

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13900 County Road 455

Suite 107-366

Clermont, FL 34711

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:

Enter Florida street address

City

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. 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

[illegible]

[illegible]

(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.) Pursuant to 605.0207 (3)(b)

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.

Dated January 14, 2021

M. Rhull
Signature of a member or authorized representative of a member

Typed or printed name of signee