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## **COVER LETTER**

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pel Kreyol Ministries		
Name of Li	imited Liability Company	
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rrespondence concerning this matte	er to the following:	
Assel Jean-Pierre		
**	Name of Person	
Gospel Kreyol Ministric	es	
<del></del>	Firm/Company	
4004 Shawn Circle	, -	
	Address	
Orlando Florida 32826		
asseljp45@yahoo.com	City/State and Zip Code	
E-mail address	: (to be used for future annual report notification)	
ition concerning this matter, please	call:	
	407 432-7187	₩ · ·
Same of Person	at ()	20 1110
c for the following amount:		<b>3</b>
Fee S30.00 Filing Fee & Certificate of Status	Certified Copy Certificate of State (additional copy is enclosed) Certified Copy	atus & A
	Pel Kreyol Ministries  Name of L  Rame of Person  Rame of Person	Name of Limited Liability Company  les of Amendment and fee(s) are submitted for filing.  rrespondence concerning this matter to the following:  Assel Jean-Pierre  Name of Person  Gospel Kreyol Ministries  Firm:Company  4004 Shawn Circle  Address  Orlando Florida 32826  City/State and Zip Code asseljp45@ yahoo.com  E-mail address: (to be used for future annual report notification)  atton concerning this matter, please call:  407

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

Gospel Kreyol Ministries 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 Florida document number \_\_\_\_\_ L19000246439 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) Enter new mailing address, if applicable: (Mailing address MAY 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: Enter Florida street address Cirv 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 Membe	AMBR	=	Authorized	Membe
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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Assel Jean-Pierre	4004 Shawn Circle Orlando FL, 32826	
			<b>=</b> Add
			□Remove
			□Change
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_	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effec <u>Note:</u> If	date, if other than the date of filing:
he record : ord is tilec	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	(16/2020
Dated _	A CO
	Signature of a member or authorized representative of a member
	Assel Jean-Pierre
	Typed or printed name of signee

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