119000 255092

(Reque	stor's Name)	
(Addres	ss)	
(Addres	:c)	
(riddies	.~,	
(City/St	ate/Zip/Phone #)
	_ _	
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
(Docum	nent Number)	
Certified Copies	Certificates of	f Status
Special Instructions to Filin	a Officer:	
	J	
Signatu	na	





500346367095

06/18/20--01010--025 **35.00

Sumo

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Brother Pastor LLC		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Matthole Moses Name of Contact Person Brother Pastor LLC Firm/ Company 1/247 2065 N 4; Gh land AUP Clearwater J Address Lago I-L 33773 City/ State and Zip Code JSMoke Show 47 Pagage I. Com E-mail address: (to be used for future annual report notification)	20 AUS 20	7 TARY 7
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	AM 11: 12	OF STATE
Ma Hww Moses at (227) 744-7554 Name of Contact Person Area Code & Daytime Telephone Number	-	900
Enclosed is a check for the following amount made payable to the Florida Department of State:		
\$35 Filing Fee Set 1 Status Status Status Status Status Status Status Certificate of Status Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy Cert		
Mailing AddressStreet AddressAmendment SectionAmendment Section		

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



August 4, 2020

MATTHEW MOSES BROTHER PASTOR LLC 2065 N HIGHLAND AVE., #H247 CLEARWATER, FL 33773

SUBJECT: BROTHER PASTOR LLC

Ref. Number: L19000255092

We have received your document for BROTHER PASTOR LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Letter Number: 920A00014541

Diane Cushing Senior Section Administrator

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Brother Pastor	22 7784
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 9000 25509</u> 2	were filed on 16/4/2019 and assigned
This amendment is submitted to amend the following:	-
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11325 Starkey Rd
(Principal office address MUST BE A STREET ADDRESS)	Largo FL, 33773
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11325 Starkey Pd 18 Largo S.L 33773
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Matte	w S. Moses
New Registered Office Address: 11385	Stacket Rd Enter Florida street address
Largo	. Florida 33 73 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·

ľ

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

	Authorized Person(s) authorized to ma from our records:	anage, enter the title, name, and address of eac	h person being adde
MGR = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			🗀 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change

		□Remove
		 □Change
		 🗆 Add
		 □Remove
		□Change
		 □ Add
		 □Remove
		□Change
4-1		 □Add
		 🗆 Remove
		 🗆 Change
		 □Add
		 □Remove
		□Change
		 □Add
		 Remove
		Change

Page 2 of 3

	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
 -	
	
Note: If the	te, if other than the date of filing:
the record s) The 90th	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated	7/18 / 2020. M. Moses
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00