## L200000 40648

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SECRETARY OF STATE

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## COVER LETTER

Registration Section
Division of Corporations

TO:

Corporate SUBJECT:	Missionary LLC		
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	emitted for filing.	
Please return all corres	oondence concerning this matter	to the following:	
	Kiana Wheeler		
		Name of Person	
	Corporate Missionary LLC		
		Firm/Company	
	5448 San Juan Blvd.		
		Address	
	Orlando, FL 32807		
		City/State and Zip Code	
	corporatemissionary@gmai		
	E-mail address: (	to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
Kiana Wheeler		407 408-0350 at (	
Name	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration So Division of Co The Centre of	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Corporate Missionary LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)  npany)
The Articles of Organization for this Limited Liability Company were filed	on 02/04/2020 and assigned
Florida document number L20000040648	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	anv 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)	2020 TALL
	1
	ASS.
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	F 3
	- RIOS
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
En	nter 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, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Kiana Wheeler	5448 San Juan Blvd	<b>=</b> Add
		Orlando, FL 32807	□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
AMBR	Matthew Wheeler	5448 San Juan Blvd	□Add
		Orlando, FL 32807	□Remove
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