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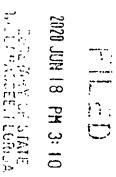
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## **COVER LETTER**

	egistration Se ivision of Cor		* 5	
•	ARMAND	AND ANGELINA MUSICLA		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		DELLA VOLPE ARMAN	\$D	2020 JU
			Name of Person	
			Firm/Company	
		AND AND ANGELINA MUSICLA MINISTRY LLC  Name of Limited Liability Company  es of Amendment and fee(s) are submitted for filing.  respondence concerning this matter to the following:  DELLA VOLPE ARMAND  Name of Person  Firm/Company  784 REEDYCOVE  Address  CASSELBERRY, FL 32707  City/State and Zip Code  INCO CATMAND AND AND AND Filing Fee & Commencerning this matter, please call:  RMIAND  at 407   695-2097   Daytime Telephone Number  for the following amount:  ee  \$30.00 Filing Fee & Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)	THE TO	
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		CASSELBERRY, FL 327	07	
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		infoearmando	andangelina.com	To a second
For further	information c		·	ineation)
DELLA V	OLPE ARMA	ND		
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee		Certified Copy	Certificate of Status &
	ailing Addres			action
	_			
P.	O. Box 632	7	The Centre of	Tallahassee
T:	allahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ARMAND AND ANGELINA MUSICLA MINISTRY LLC

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

Florida document number L20000143254		
This amendment is submitted to amend the following:		2020 JUN 18
A. If amending name, enter the new name of the limited	liability company here:	
ARMAND AND ANGELINA A MUSICAL MINISTRY LLC		数差广
The new name must be distinguishable and contain the words "Limited I	liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
	ice address on our recor	ds, enter the name of the new register
	ice address on our recor	ds, enter the name of the new register
Name of New Registered Agent:	ice address on our recor	ds, enter the name of the new register
agent and/or the new registered office address here:	ice address on our recor	
		treet address
Name of New Registered Agent:		

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
$\Delta MRR =$	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Note:			
Note: docume e record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (d.	b) The 90th day af	ter the
Note: docume e record rd is file		b) The 90th day af	ter the
Note: docume e record rd is file	d.	b) The 90th day af	ter the

Filing Fee: \$25.00