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2022 APR 29 AM ID: 17

Mark A. Guckel 7810 Gall Boulevard Suite 111 Zephyrhills, Florida 33541 maguckel@gmail.com

To Whom It May Concern:

Please find attached an amendment to my LLC. It includes a name change and updated EIN.

Thank you very much for your help.

Respectfully,

Mark

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	ENTHEOCHURC	H SOLUTIONS C	'ic
	Name of Lim	ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	unitted for filing	
The chelosed Afficies of	Amendment and rec(s) are sub	initied for fining.	
Please return all correspo	ondence concerning this matter	to the following:	
	MAR	Name of Person	
		Name of Person	
		Firm/Company	<u> </u>
	7810 GALL 6	BUULEVARU #111 Address	
	ZEPINPHILLS,	FL 335Y/	
	MA GUCKEL C E-mail address: (City/State and Zip Code Complete Condition be used for future annual report no	tification)
For further information (concerning this matter, please c		
MARK		at (72) 320 Area Code Daytii	. 389e
Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address:	
Registration Division of 0		Registration Solution of Co	
P.O. Box 633	•	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	OUTTO SS	LLC	
(Name of the Limited Liability Compa (A Florida Limited I	<u>ny as it now appears o</u> Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	1/23/2021	_ and assigned
Florida document number <u>L21000045063</u>		·	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	:	
The new name must be distinguishable and contain the words "Limited Liabil	SOLUTIONS,	uc	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	gnation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			<u> </u>
			スタ 発音 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u>/</u>	
		 	<u> </u>
			7
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our reco	ords, <u>enter the name</u>	of the new registered
agent and/or the new registered office address nere:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Plorida	street address	
	City:	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
The residence of the manner of the 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
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