

L21000055257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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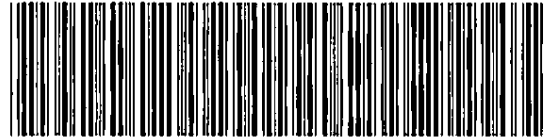
(Business Entity Name)

(Document Number)

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CLAY COUNTY, FL
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R. HUNT

06/20/24

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MONT DES OLIVIERS HAITIAN SDA CHURCH LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CENEUS, BICHARA

Name of Person

MONT DES OLIVIERS HAITIAN SDA CHURCH LLC

Firm/Company

1320 W BRYAN STREET

Address

KISSIMMEE FLORIDA 34741

City/State and Zip Code

MDOHAIITIANSIDA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CENEUS, BICHARA 407 272-0155
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

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

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TALLAHASSEE, FL
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MONT DES OLIVIERS HAITIAN SDA CHURCH 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 02/01/21 and assigned Florida document number 221000055257

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MONT DES OLIVIERS HAITIAN ADVENTIST CHURCH LLC

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:

1320 W BRYAN STREET, KISSIMMEE FL 34741

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1320 W BRYAN STREET, KISSIMMEE FL 34741

(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:

CENEUS, BICHARA

New Registered Office Address:

1320 W BRYAN STREET

Enter Florida street address

KISSIMMEE

City

Florida 34741

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BRIZARD, HEDJIR	2309 FINWICK CT, KISSIMMEE FL 34743	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHARLES, ANNELISE	13541 EYAS RD, ORLANDO FL 32837	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2011.11.20 AM 7:53
COUNTY OF STATE
FLORIDA
KISSIMMEE, FL

...L7
MAY 20 AM 7:53
TALLAHASSEE, FL

20 JAN 7:53
FLORIDA STATE
TALLAHASSEE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated _____, _____

Signature of a member or authorized representative

~~Signature of a member or authorized representative of a member~~

CENEUS, BICHARA

Typed or printed name of signee