LZ1000123144

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600363597546

RECEIVED

APR 1 2 2021

04/13/21--01004--029 **30.00

DIVISION OF CHARLES OF

'JUL 2,1 2021

R. HUNT

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJI	ECT: SUPL	Here Sisters	Evangelistic Ministres LLC	
	9-9-	Name of Lim	ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Karen	D Grayes	
			Name of Person	
			Firm/Company	
		4360	Brian wood Circle	
			Address	
		aluburna	City/State and Zip Code CAYES @ YOUND - COM	
		1/2	City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notification)	
For fu	ther information co	ncerning this matter, please ca	all:	
	Kana	Coulse	212 1NA. 7020	
	Name of	Person	at (863) 109.7232 Area Code Daytime Telephone Number	
Enclos	sed is a check for the	following amount:		
□ \$2	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Superthe Sisters Evangelistic Ministries LLC
(Name of the Limited Liability Company) it now appears on our records.)
(A Florida Limited Liability Company)

Name Desirement Amouston Companyon of shamping Desirement Agents	City Zip Code	
	, Florida	
	Enter Florida street address	
New Registered Office Address:		
Name of New Registered Agent:		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registere	ā
D. 16	7	
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
	P. 22	
(Principal office address MUST BE A STREET ADDRESS)	D V 35	
Enter new principal offices address, if applicable:		
·	inty Company. The designation leader of the admertation leader.	
SUPHER Sighers EV The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability".	Cange listic Ministries LLC	
A. If amending name, enter the new name of the limited liabi		
This amendment is submitted to amend the following:		
Florida document number <u>L21000133144</u>		
The Articles of Organization for this Limited Liability Company	were filed on 05 10 2021 and assigned	

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

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□Add
			Remove
			[] Change
			□Add
			Remove
			Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			Change

. •	
Note:	tive date, if other than the date of filing:
f the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	1_04/06/2021
	Signature of a member or authorized representative of a member
	Karen D. Grayes

Filing Fee: \$25.00