

L21000262185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

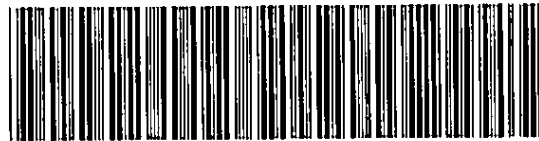
(Document Number)

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2021 JUL 27 PM 1:56

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AUG 18 2021  
ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Messenger Ministry LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cerineo Cesar Neira  
Name of Person

Messenger Ministry LLC  
Firm Company

3001 SW 1st Ave  
Address

Cape Coral, FL 33914  
City, State and Zip Code

ceneira@yahoo.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Cerineo\_Cesar Neira at ( 239 ) 810-7686  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 24, 2021

MESSENGER MINISTRY LLC  
3001 SW 1ST AVE  
CAPE CORAL, FL 33914

06232101010007

Subject: **MESSENGER MINISTRY LLC**  
RE: 021A00014476

We have received your document for the above Fictitious Name and your check(s) totaling \$50.00; however, the document **has not been filed** and is being returned for the following:

I AM UNSURE OF WHAT YOU ARE TRYING TO FILE. CALL OUR OFFICE WITH EXPLANATION.8502456059.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

WILLIAM LAWRENCE  
Reinstatement Section  
Division of Corporations

Letter No. 021A00014476

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

The Messenger Ministry 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 06/07/2021 and assigned  
Florida document number L21000262185.

This amendment is submitted to amend the following:

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

Messenger Ministry LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "Ltd. Co."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(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:

New Registered Office Address:

*(Enter 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 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>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change |
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| _____        | _____       | _____          | <input type="checkbox"/> Remove |
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| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change |

[illegible]

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).

If the record 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 record is filed.

Signature of a member or authorized representative of a member

**Filing Fee: \$25.00**