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(Re	questor's Name)	
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COVER LETTER

FO: Registration Se Division of Cor				
SUBJECT: <u>inver</u>	Lyes A Because Africa Name of Limi	Cristic Spiriteal Se ted Liability Company	Cera Temple #1, ccc	
The enclosed Articles of	Amendment and feets) are sub-	nitted for filing.		
Please teturn all correspo	ndence concerning this matter t	to the following:		
		Name of Person	<u>-</u>	
		Firm/Company		
	1815 RF	11A Ave Address	·	
		SSEE, FL 3930 City/State and Zip Code 4 & You'how Com o be used for future annual report notitie		
For further information c	E-mail address: 0 oncerning this matter, please co	·	albori)	
- December 1	-talalisi	at (<u>SFX</u>) <u>(GE 3</u> Area Code Daytime T	-1040) Telephone Number	
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Implosed is a check for th	ne following amount:		; ; ⊌5	•-
\$2 \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)	た。 - 7 フ
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Mailing Addres Registration 5 Division of C P.O. Box 632	Section orporations	Street Address: Registration Sect Division of Corpo The Centre of Ta	orations	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



He Ire Isegun IFA Orisha Spiritual	Science Temple #1, LLG			
(Name of the Limi	ited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)		
The Articles of Organization for this Limited L Florida document number 1.21000347076	iability Company wer	e filed on August 2, 2021	and ass	igned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability	company here:		
The new name must be distinguishable and contain the	words "Limited Liability C	ompany," the designation "LLC" or the a	bbreviation "I.	i. C."
Enter new principal offices address, if appli-	cable:	<u></u>		
(Principal office address MUST BE A STREI	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE				
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address here:	ess on our records, <u>enter the nan</u>	ne of the ne	w registered C)
Name of New Registered Agent:	Jevar D McGhee	1-2,244	- <u>:</u>	*n . ;
New Registered Office Address:			2	***
		Enter Florida street address	AI	7
		, Florida		<u> </u>
		Cuy	- Ap 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 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>	Address	Type of Action
AMBR	Johnevan D McGhee	1815 RAA Ave	TAM.
		Tallahassee, FL 32303	
			I Change
AMBR	Jevar D McGhee	1815 RAA Ave	≡ Add
		Tallahussee, FL 32303	□Remove
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Effective date, if other than the	ne date of filing: $8 - 2 - 2 - 1$ must be specific and cannot be prior to date of filing or m	(optional) ore than 90 days after filing.) P	55 57 ourspaint to 605.0207
Effective date, if other than the	ne date of filing: \(\frac{S - \sum - \frac{1}{2} - \) thist be specific and cannot be prior to date of filing or melock does not meet the applicable statutory filing.	(optional) ore than 90 days after filing.) P g requirements, this date wi	ursuant to 605.0207
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