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2023 FEB - 3 PM 2: 57 SECTL INST OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Platitudes	110	
SUBJECT: Y/at/Fude S Name of Li	imited Liability Company	
The enclosed Articles of Amendment and fee(s) are su	ubmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Roland	Ruben Gruessero Name of Person	
- Plat, tud	Firm/Company	
5603 Qui	2023	•
	Address	
Port Riche,	Y, FL 34668 City/State and Zip Code	
Platitudes E-mail address	s//c@gma./. Com Si (to be used for future annual report notification)	,
For further information concerning this matter, please	e call:	
Robund Ruben Greever	at (832) 671-8732 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
S≥ \$25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations	Division of Corporations	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Platitudes hh	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on $12/21/2021$ and assigned
Florida document number <u> </u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	MINISTER COMPANY
	<u> </u>
Enter new mailing address, if applicable:	2: 5 FE 5: 5
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registere</u>
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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	performance of my duties, and I am familiar with and

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 Type of Action **Address** Title MGR Nicole Guerrero 5603 Quist Dr. DAdd Port Richey FL. 34668 = Remove MGR Roland Ruben Guerrero 5603 Quist Dr. =Add

Port Richey, FL. 34668 | Remove _____ □ Remove _____ □Remove _____ Change

□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: __ (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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

| Coll Gulace
| Typed or printed name of signee