122000084909

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07/25/23--01010--017 **25.00

LLC N/C Amend

FILED 2029 JUL 25 AM 8: 35

A. RAMSEY AUG 21 2023

COVER LETTER

Registration Section

TO:

Division of Cor	porations				
VILLAGE	HYMNS TECHNOLOGIES I.	LC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Erick Vargas				
	Name of Person				
		Firm/Company			
	1250 Ne 23rd Place				
	·	Address			
	Pompano Beach, FL 3306-	1			
		City/State and Zip Code			
	Julieanne@worshipserve.co				
	E-mail address: (to be used for future annual report no	tification)		
For further information c	oncerning this matter, please c	all:			
Erick Vargas		919 480-3839 at ()			
Name o	f Person	Area Code Daytii	me Telephone Number		
Enclosed is a check for the	_				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration So Division of Co The Centre of	orporations		
Tallahassee, l			oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2023 JUL 25 AM 8: 35

VILLAGE HYMNS TECHNOLOGIES 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 02/22/2022	and assigned
Florida document number <u>L22000084909</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Worship Serve LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
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 a agent and/or the new registered office address here: Name of New Registered Agent:	adaress on our records, <u>enter th</u>	e name of the new registered
New Registered Office Address:		
	Enter Florida street address	
•	, Flori	daZip Code
	•	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 accept the obligations of my position as registered agent as poing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.,	I am familiar with and S. Or, if this document is
10.01	oging Degistered Agent Signature of	Sur Duckara d Assar

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
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Remove
			☐ Change
		200	Remove
			□Change
			DAdd
			□Remove
			□Change
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			□Remove
			□Ch

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ffective date, if other than	he date of fi	ilina			(optional)	
an effective date is listed, the date	nust be specific	and cannot be pri	or to date of filin	g or more than 9	0 days after filing	c) Pursuant to 605.020
ote: If the date inserted in thi ocument's effective date on th				y ming require	ments, this date	will not be listed a
record specifies a dela			not an effect	ive time, at	12:01 a.m.	on the earlier of
The 90th day after the	ecord is file	ed.				
July 18 ated		2023				
ated		_·	 ·			
Silv	de	VALCO				
- Su	Signature o	VAV co	thorized represer	ntative of a mem	her	

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Filing Fee: \$25.00