## L22000109743

| (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: |
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## **COVER LETTER**

Registration Section

TO:

| Division of Corporations                                                                           |                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: Without Limits Name of Limite                                                             | Ministry 4 Christ, LLC ed Liability Company                                                                                                                      |
| The enclosed Articles of Amendment and fee(s) are subm                                             | nitted for filing.                                                                                                                                               |
| Please return all correspondence concerning this matter to                                         | o the following:                                                                                                                                                 |
| Priscilla                                                                                          | Name of Person                                                                                                                                                   |
|                                                                                                    | Firm/Company                                                                                                                                                     |
| SD7 Orla                                                                                           | ndo Ave                                                                                                                                                          |
| Bradenton                                                                                          | Address  FL S4207  City/State and Zip Code  Camal com be used for future annual report notification)                                                             |
| E-mail address: (to                                                                                | be used for future annual report notification)                                                                                                                   |
| For further information concerning this matter, please cal                                         | 1:                                                                                                                                                               |
| Priscila Taylor                                                                                    | a1(941,565-2125                                                                                                                                                  |
| Name of Person /                                                                                   | Area Code Daytime Terephone Number                                                                                                                               |
| Enclosed is a check for the following amount:                                                      |                                                                                                                                                                  |
| □ \$25.00 Filing Fee                                                                               | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ Certificate of Status & Certified Copy (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                   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compan<br>(A Florida Limited Li                                                                                                                        | Lanistics 4 Christ LLC v as it now appears on our records.) ability Company) |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--|--|--|
| The Articles of Organization for this Limited Liability Company v<br>Florida document number <u>L22000109743</u> .                                                                    | were filed on $3/3/92$ and assigned                                          |  |  |  |
| This amendment is submitted to amend the following:                                                                                                                                   |                                                                              |  |  |  |
| A. If amending name, enter the new name of the limited liabil                                                                                                                         | ity company here:                                                            |  |  |  |
| The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS) | ty Company," the designation "L.L.C."  SOT Orlando Ave  Braden-ton, FL 34907 |  |  |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                                                                                                 | SAME AS ABOVE TALAHASSE                                                      |  |  |  |
| 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: PriS                                                                                                                                                    | Cilla Taylor  Dirlando Ave  Enter Florida street address                     |  |  |  |
| Bino                                                                                                                                                                                  | Stenton Florida 34007                                                        |  |  |  |

## 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.

Thanging 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> | Name             | Address                                | Type of Action |
|--------------|------------------|----------------------------------------|----------------|
| MGR          | Priscilla Taylor | SO7 Orlander AVE<br>Bradentin Fi 34207 | iDadd          |
|              |                  | <del></del>                            | □Remove        |
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| Note:               | ive date, if other than the date of filing: 11/3/30 (optional) lective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. |
| e recor<br>rd is fi | d 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 led.                                                                                                                                                                                                                                                                           |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                             |
| Dated               | November 3. 2022.                                                                                                                                                                                                                                                                                                                                                                                           |
| Dated               | Pascila Taylor  Typed or printed name of signee                                                                                                                                                                                                                                                                                                                                                             |

Filing Fee: \$25.00