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COVER LETTER

Registration Section Division of Corporations

Mailing Address: Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:TN	Seld Of Ch	rist, LLC ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subi	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Sientry	a Watford Name of Person	
	The Seed	Of Christ, LLC	
	4514 HILHOP	Lane, Unit 125	
	Panama City Sientiyawat	Florida, 32405 City/State and Zip Code Ford @ gmail o be used for future Annual report noti	OM fication)
For further information co	oncerning this matter, please ca	all:	
Silntivo Name of	Watford	at (850) 867 - 5	5278 e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ 555.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Street Address:

Registration Section
Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)
(A Florida Limited E	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000\88932</u> .	were filed on $04 20 2022$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
I AM SILNHYA WATFORD, LLC The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	5820 Hickory St, Unit 1 Panama City, FL, 32404
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5820 Hickory St. Unit 2 Panama City, FL, 32404
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Sighti	a Watford
New Registered Office Address: 5820 }	tickow St, Unit 1 Enter Florida street address
Panamo	City Florida 32404 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

Title	<u>Name</u>	Address	Type of Action
MGR	Silntiya Watford	4514 Hilltop Lane	□Add
		Unit 125	□Remove
		Panama City, FL, 32405	B Change
MGR	Suntiya Watford	5820 Hickory St	3 Add
		Unit 1	□Remove
		Panama City, FL, 324	04 □Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

E CC var	in dear if allowed as a feeting
If an et Note:	ive date, if other than the date of filing:
e reco rd is f	rd 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	February 1st 2024.
	Signature of a member or authorized to presentative of a member
	Signature lalation of
	U IUITIYK VIKITOI A

Filing Fee: \$25.00