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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:		ernational ited Liability Company	Ministri	es LCC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Tausha	una Bo	arrel_	
	LNB Int	ernational Firm/Company	Ministr	ies LC
	10206 H	nters Have	en Blva	4
	Riverview,			
	the bizness E-mail address:	plug C 9 to be used for future annua	mail. (0)	<u>m</u>
For further information c	oncerning this matter, please c	all:		
Taushau Name o	ina Burrel GPerson	at (313) Area Code	625 - 3 Daytime Teleph	12] one Number
Enclosed is a check for th	ne following amount:			
525.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is ea		\$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Address		Stwant	Addrace.	

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 Compar (A Florida Limited L	onal Ministries LLC ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000123099</u> .	were filed on $03/09/2023$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Jiabil	buse LLC	broviation "L.L.C."
The new frame must be distinguishable and contain the words. Limited 1400		
Enter new principal offices address, if applicable:	20535 NW 2rd	
(Principal office address MUST BE A STREET ADDRESS)	Suite 204	
	miami, Florida 33	169
Enter new mailing address, if applicable:	20535 NW 2nd	avenue
(Mailing address MAY BE A POST OFFICE BOX)	Suite 204	
	Miami, 171 33160	9
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name	e of the new registered
Name of New Registered Agent:		·
New Registered Office Address:		024
	Enter Florida street address	<u> </u>
	Florida	27
	Cin	Zip & ode
New Registered Agent's Signature, if changing Registered Agent:		5:
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further ágr	ree to somply 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.

Effective date, if other than the date of filing:			
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