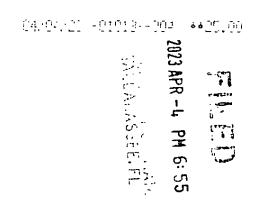
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COVER LETTER

	Registration S Division of Co		•	
SUBJEC	** E 1	OUNTRY REFUGE LLC		
SUBJEC	· • · · · · · · · · · · · · · · · · · ·	Name of Lin	nited Liability Company	
The enclo	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please rei	turn all corresp	ondence concerning this matter	to the following:	
		MARCUS V DE MATOS	3	
			Name of Person	
		GOD'S COUNTRY REFU	JGE LLC	
			Firm/Company	
		3102 NW 123 TERRACE		
			Address	
		SUNRISE, FL 33323		
		MARCUSVDEMATOS@	City/State and Zip Code	
		_	to be used for future annual report n	otification)
For furthe	er information	concerning this matter, please c	all:	
MARCUS V DE MATOS		954 860-9111		
	Name	of Person	at () Area Code Dayt	ime Telephone Number
Enclosed	is a check for (the following amount:		
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Address:	iection
Registration Section Division of Corporations			Registration S Division of C	
	P.O. Box 63:		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOD'S COUNTRY REFUGE 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 $\frac{03/16/2023}{2}$ _ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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 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: New Registered Office Address: Enter Florida street address

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.

City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgr	MARCUS V. DE MATOS	3102 NW 123 TERRACE, SUNRISE, FL 33323	⊒ Add
			□Remove
			□Change
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			□Change
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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	te of filing:	5.0207 (3 ted as th
he record specifies a delayed effective da ord is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
Dated MARCH 23"	1 2023	
	Mill. Mung	
<u> </u>	nature of a member or authorized representative of a member	

Filing Fee: \$25.00