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PICK-UP WAIT	MAIL
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## **COVER LETTER**

TO: Registration Sect Division of Corpo		,	,
SUBJECT:	Hee Time / Name of Limit	Ministries ed Liability Company	·
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	. Ta	Hlor Newman	<u> </u>
	Northwes	Hagent LL Firm/Company	
	7901 4th	Street STE 3	<u> 500</u>
	St. Petersbu	City State and Zip Code	12
	E-mail address: (to	be used for future annual report notificat	ion)
For further information cor	ncerning this matter, please cal	II:	
Bryan S	5cott Person	at ( <u>580</u> <u>465</u> – Area Code Daytime Te	lephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration 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

Coffee Time M	interther LLC	007 16 AM 7: 47
(A Florida Limited L		
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000387</u> 22		23 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:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1851 King	5 Way Dr. nt, Fl. 32533
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	P.O.B.370 Pensacola,	<del></del>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	City	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

<u>Title</u>	Name	Address	Type of Action
Manager	Bryan Scott	1851 King Way Dr.	ZAdd
		('Antonment, Fl.	□Remove
		32533	□Change
AMBR	Pamela Scott	1851 KingsWay Dr	·_ZAdd
		('Antonment, Fl.	Remove
		32533	🗆 Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove

Effective date, if other than the date of filing:  (optional)  If an effective date is listed, the date must be specific and cannot be prior to date of filing of more than 90 days after filing.) Pursuant to 605.0207.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  The record 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 rid is filed.  Dated 10-8-23  Assumbly Scattless and presentative of a member						<u> </u>	
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Dated 10-8-23  Assult Scott  Signature of a member or authorized representative of a member	ra is mea.						
Signature of a member or authorized representative of a member	Dated / () -	- 8-23					
Signature of a member or authorized representative of a member	Dated	<u> </u>	- <del></del>	<del></del> '			
Signature of a member or authorized representative of a member		K L	.0 -	44			
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Filing Fee: \$25.00