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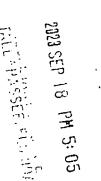
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## COVER LETTER

| TO:   |  |  |                                       | •                                      |
|---|--|--|---------------------------------------|--|
| Briston of Curporations  SUBJECT: Princess Jasmine Ministries, LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and feets) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Princess Robinson  Name of Person  Princess Jasmine Ministries, LLC  Firm Company  ——————————————————————————————————— |  |  |                                       |  |
| The en  | closed Articles of   | Princess Jasmine Ministries, LLC  Name of Limited Liability Company  ticles of Amendment and feets) are submitted for filing.  correspondence concerning this matter to the following:  Princess Robinson  Name of Person  Princess Jasmine Ministries, LLC.  Princess Jasmine Ministries, LLC.  Firm Company  5974 Indigo Crossing Dr.  Address  Rockledge F1. 33955  City/Stalt and Zip Code  Pfresz A yahoo.com  E-mail address: (to be used for future annual report notification)  mation concerning this matter, please call:  SS Robinson  at 321 914-5796  Name of Person  at 321 914-5796  Daytime Telephone Number  seek for the following amount:  g Fee V\$30.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate of Status  Registration Section  Street Address:  Registration Section |                                       |  |
| Please  | return all correspo  | ndence concerning this matter  | to the following:                     |  |
|   |  | Pr   | incess Robin                          | nsom_                                  |
|   |  | Princes  | SS Jasmine Firm/Company               | Ministries, LLC.                       |
|   |  | 5976   | Indigo Cross                          | ing Dr.                                |
|   |  | Rock   | Cledge F1- 33 City/State and Zip Code | 955                                    |
|   |  |  |                                       |  |
| For fur   | ther information co  | oncerning this matter, please ea   | all:                                  |  |
| Pr  | Division of Corporations  CT: Princess Jasmine Ministries, LLC  Name of Limited Liability Company  Losed Articles of Amendment and feets) are submitted for filing.  Princess Robinson  Princess Robinson  Name of Person  Princess Jasmine Ministries, LLC  Princess Jasmine Ministries, LLC  Firm/Company  5974 Indigo Crossing Dr.  Address  City/Staft and Zip Code  Pfresz Robinson  B-mail address: (to be used for future annual report notification)  per information concerning this matter, please call:  Cess Robinson  Area Code  Testing Fee & Certificate of Status  Certificate of Status & Certificat Copy (additional copy is enclosed)  Mailling Address:  Street Address: |  |                                       |  |
| Enclose   | ed is a check for th   | e following amount:  |                                       |  |
| □ \$2.  | 5,00 Filing Fee  |  | Certified Copy                        | Certificate of Status & Certified Copy |
|   | Registration S   | Section  | Registration Se                       |  |
|   | Division of C  | orporations  | Division of Cor                       | rporations                             |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Princess Jasmine (Name of the Limited Liability Compan (A Florida Limited Lia   | Mininstries, LLC  vasit now appears on our records.)  ability Company)                                      |
|---|---|
| The Articles of Organization for this Limited Liability Company we Florida document number $\underline{L23000412-008}$  | vere filed on 9/1/2023 and assigned   |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited liabile Princess Jasmine M The new name must be distinguishable and contain the words "Limited Liability"  | inistries, LLC y 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)  | 5976 Indigo Crossing Dr.<br>Rockledge Fl. 32955   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:  | P.D. BOX 410743  Melbourne, Fl. 32941  Iddress on our records, enter the name of the new registered         |
| Name of New Registered Agent:   | NIA   |
| New Registered Office Address:  | Enter Florida street address 25 EP  |
| New Registered Agent's Signature, if changing Registered Agent:   | City Plorida City Code  |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change. | erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is |

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 |
|--------------|-------------|---------------------------------------|----------------|
|              | NA          |                                       | □Add           |
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| If amending any other information, enter change(s) here: (Attach additional sheets, if ne  | •   |                        |
|--|---|------------------------|
| I am only amending the name of   | f the   | <del>-</del>           |
| limited liability company. The wa  | ord   |                        |
| " Ministries" was misspelled. All  |   | _                      |
| information listed such as princ   | ipal  | <del>_</del>           |
| address, mailing address, and re   | gistered  | <u> </u>               |
| agent are all correct.   | J<br>   |                        |
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| Effective date, if other than the date of filing: 9 1 3033 (opton effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days afton the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records. | tional)<br>er tiling.) Pursuant to 60<br>nis date will not be lis | 05,0207 (<br>sted as t |
| e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (rd is filed.   | (b) The 90th day aff  | ter the                |
| Signature of authorized representative of a member   |   |                        |
| Princess Robinson  |   |                        |

Filing Fee: \$25.00