

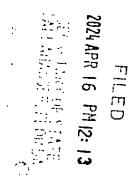
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COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT:	rincess Jasm Name of Lim	nine Ministries	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Princes</u>	S Robinson Name of Person	<u>. </u>
		Firm/Company	
	_5976 Inc	digo Crossing D	OR.
	Rockle	Edge F1 3295 Chy/State and Zip Code $S2 @ yah \infty .Co$ to be used for future annual report notifi	55 m
	E-mail address: (to be used for future annual report notifi	eation)
For further information c	oncerning this matter, please co	all:	
Princess	Robinson	at (<u>321</u>) <u>914-</u> Area Code Daytime	5796
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Primare Tarmina Mi intins

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000412008</u>	were filed on $9/5/33$ 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:
Princess Jasmine Enterpolitic new name must be distinguishable and contain the words "Limited Liabile and contain the words".	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)	5976 Indigo Crassing Dr. Rockledge, Fl. 32955
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O Box 410743 Melbourne, Fl. 32941
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name of the new registered
Name of New Registered Agent:	# D
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
Court Design and Assembly Chambers of the action to the case of the court of the court of the court of the case of	

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.

_	The only change being made is the name of
_	the LLC. Registered agent and addresses are to
_	all remain the Same.
_	
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_	
If an effect <u>Note:</u> I	e date, if other than the date of filing:
e record ord is file	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 d.
Dated _	April 9 2034
	Signature of a member or authorized representative of a member
	Princess Kobinson Typed or printed name of signee

T''' T' 635.00