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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
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(Document Number)	
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	٦
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TALLAHASSEE, FLORIDA (A)

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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	Vorship Ministry LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Christian Omar Correa F	erreras			
	-	Name of Person	 .		
		Firm/Company			
		Address	 _		
		City/State and Zip Code			
For further information c	E-mail address: (to be used for future annual report not	rfication)		
		at () Area Code Daytir	 		
Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 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 Address Registration		Street Address: Registration Se	ection		
Division of C	Corporations	Division of Co	rporations		
P.O. Box 632	. /	The Centre of	I allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Christian Worship Ministry LLC

(A) torida isinined is	ov as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/24/2024	and assigned
Plorida document number L24000283260		
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 Liabili	ty 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)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	ime of the new register
Name of New Registered Agents		
Name of New Registered Agent: New Registered Office Address:		CABI
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	CABI CANO
	Enter Florida street address, Florida	CABI AND O COLUMN TO THE TOTAL OF THE TOTAL
	Florida	CABI ANG OF AMIO

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	<u>Address</u>	Type of Action
AMBR	Christian Omar Correa Ferreras	1801 SW 1ST AVE. APT605	FORT LAUDERDALE
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<u>lote:</u>	ive date, if other the ective date is listed, the If the date inserted in ent's effective date o	n this block does	not meet the ap	plicable statu	filing or more than tory filing requir	(optio 90 days after t ements, this	nal) iling.) Pursua date will ne	int to 605,020 of be listed a
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	d specifies a delayed	effective date, bu	it not an effecti	ve time, at 12	:01 a.m. on the e	arlier of: (b)	The 90th	day after the
l is til	ed.				1/			
ated _	07/22/24	_	·	·		9)	
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Filing Fee: \$25.00