

N23 0000132 86

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

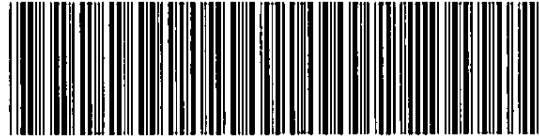
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2025 APR 30 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FL

SB 5-14-25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2025

Michael Mcmillian
221 KINGSHILL CT SE
WINTER HAVEN, FL 33884

SUBJECT: GREATER WORKS MINISTRIES OF MOUNT 1 DORA INC
Ref. Number: N23000013286

We have received your document for GREATER WORKS MINISTRIES OF MOUNT 1 DORA INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a NONPROFIT CORPORATION. Please complete and return the enclosed blank form(s).

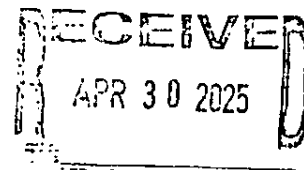
The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN
Regulatory Specialist II

Letter Number: 225A00003768



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Greater Works Ministries of Mount 1 Dora inc

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Memillian

Name of Person

Greater Works Ministries of Mount 1 Dora inc

Firm/Company

221 Kingshill Ct se

Address

Winter Haven fl 33884

City/State and Zip Code

Mcmilliantrucking@gmail.com

E-mail address: (to be used for future annual report notification)

Greater Works Ministries of W. Michula
@yahoo.com

For further information concerning this matter, please call:

Khrstian Memillian

863 2898076
at ()

Daytime Telephone Number

Name of Person

863-232-7140

Enclosed is a check for the 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 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**

Greater Works Ministries of Mount I Dora INC

(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 11/03/2023 and assigned
Florida document number n23000013286.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Greater Works Ministries of Wauchula Inc.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

114 Carlton Street Wauchula FL 33873

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

114 Carlton Street Wauchula FL 33873

(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

_____, Florida _____
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
D	Dalger,Rosa		<input type="checkbox"/> Add
		3800 Lake Center Dr Mt Dora Fl 32757	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Halman,Joe		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		114 Carlton Street Wauchula Fl 33873	<input checked="" type="checkbox"/> Change
VP	Mcmillian,Michael		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		114 Carlton Street Wauchula Fl 33873	<input checked="" type="checkbox"/> Change
D	Mcmillian,Khristian		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		114 Carlton Street Wauchula Fl 33873	<input checked="" type="checkbox"/> Change
D	Robinson,Chiquita		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		114 Carlton Street Wauchula Fl 33873	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. 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 or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated April 23rd 2025

Michael McMillon
Signature of a member or authorized representative of a member

Michael Mcmillian

Typed or printed name of signee

Filing Fee: \$25.00