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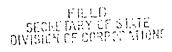
TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	-American Ministries, Inc.			
N1400000276				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are s	ubmitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
Kenneth Battles				
	(Name of Contact Person	n)		
	(Firm/ Company)			
6295 Bordeaux Circle				
	(Address)		-	
Sanford, FL 32771				
	(City/ State and Zip Coo	le)		
ken.battles@compass1.org				
E-mail address: (to be u	sed for future annual report	notification	1)	
For further information concerning this matter, plea	ase call:			
Kenneth Battles	4(at)7	756-7039	
(Name of Contact Pers		rea Code)	(Daytime Telephone	Number)
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of	State:	
S35 Filing Fee S43.75 Filing Fee Certificate of State	& \$\square\$\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section		Address dment Sect	ion	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Compass African-American Ministries, Inc.

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(Name of Corporation as	currently filed with the	Florida Dept. of State)
N14000000276		
(Documen	t Number of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida No</i>	t For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
Compass Urban Stewardship Ministries, Inc.		The new
name must be distinguishable and contain the word "c "Company" or "Co," may not be used in the name.	corporation" or "incorpor	
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADD</u>	<u>ORESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)	<u>n/a</u>	
		<u></u>
D. If amending the registered agent and/or register new registered agent and/or the new registered		ida, enter the name of the
Name of New Registered Agent: n/	a	
New Registered Office Address:		(Florida street address)
New Negastereu Office Address.		
	(City)	, Florida (Zip Code)
	, ,,	(Etp Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		cept the obligations of the position.
	Signature of New R	egistered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

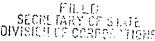
P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John I V Mike . SV Sally 5	<u>Iones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)		
n/a			
NAME OF THE OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER			
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TI 1. 6 1		January 6, 2016	Ch. Etc. se a la la
The date of each amen date this document was		ion:	FILED, if other than the
,		•	DIVISION OF CORPOR WHEN
Effective date <u>if applic</u>	:able:	() () () () () () () () () ()	16 JAN -8 PH 1: 48
		(no more than 90 days after amendment file date)	10 0.117 0 117 1 70
		does not meet the applicable statutory filing requiremment of State's records.	ents, this date will not be listed as the
Adoption of Amendme	ent(s)	(CHECK ONE)	
☐ The amendment(s) was/were sufficien		ed by the members and the number of votes cast for t	he amendment(s)
There are no memiadopted by the box		entitled to vote on the amendment(s). The amendment	ent(s) was/were
Dated	January 6, 201	5	
Signature		all	
1	have not been s	n or vice chairman of the board, president or other of elected, by an incorporator – if in the hands of a rece ointed fiduciary by that fiduciary)	
	Kenneth Ba	ntles	
		(Typed or printed name of person signing)
	Executive D	irector	
		(Title of person signing)	



Organization Name	Common African American Ministries I		SICH CF'C	espę	ិប្បទិព
Organization Name	Compass African-American Ministries, II	16.	JAN -8	РМ	1:48
EIN	46-4332291				
To IRS:					
	organization Compass African-American M s Urban Stewardship Ministries, Inc.	Ainis	tries, Inc	., has	1
We have attached a copy of the	he approved name change by the Secretary of	f State	e.		
Please mail a confirmation of	the acknowledged name change to:				
Kenneth Battles					
6295 Bordeaux Circle Sanford, FL 32771					
,					
Thanks,					

Date___

Signature

Kenneth Battles, Executive Director