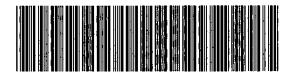
N09000011821

(Re	questor's Name)
(Address)	
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(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



December 21, 2009

BARBARA BRIGLIO 3263 NW 61ST STREET BOCA RATON, FL 33496

SUBJECT: THE SPIRITUAL MISSION INC.

Ref. Number: N09000011821

We have received your document for THE SPIRITUAL MISSION INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #L03000008840 - 8TH STREET MISSION, LLC.

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) 245-6892.

Letter Number: 809A00038655

Tina Roberts Regulatory Specialist II

COVER LETTER

TO: Amendment Section Division of Corporations

•			
NAME OF CORPOR	ATION: The Spiri	wal Mission Inc	
DOCUMENT NUMB	ER: <u>N0900</u>	0011821	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Burbara	Brighin	
	(Name of	Briglio f Contact Person)	
	(Firm	n/ Company)	
****	3243 N	W 41st Street Address)	
	(Address)	
	Boca k	Paton, FL 3349 (ate and Zip Code)	<i>P</i>
	(City/ Sta	ate and Zip Code)	
	BFIN E-mail address: (to be use	Ti 0 57 @AOL ed for future annual report notific	cation)
For further information	concerning this matter, pleas		
14	a de la constanta		
(Name o	f Contact Person)	at (<u>561</u>) <u>994</u> (Area Code & Dayt	ime Telephone Number)
Enclosed is a check for	the following amount made p	payable to the Florida Departmen	nt of State:
□\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	<u>Address</u>	Street Address	•
Amendment Section Division of Corporations P.O. Box 6327		Amendment Section	
		Division of Corporati	ons
	ssee, FL 32314	Clifton Building 2661 Executive Cent	er Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



Articles of Incorpo	oration TALL RETARY OF
of	TALLAHASSEE, F
The Spiritual Mis	
(Name of Cornoration as currently filed with	the Florida Dept. of State)
N090000 11 821	
(Document Number of Corporat	tion (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Corporation</i> adopt
A. If amending name, enter the new name of the corporation	pni
BH Street Mission Inc	. .
The new name must be distinguishable and contain the word abbreviation "Corp." or " inc." "Company" or "Co." may no	i "corporation" or "incorporated" or the
B. Enter new principal office address, if applicable:	200 SE'BH Street.
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Et = Landerdale . EL 23:
N/A-no charge	the used in the name. 200 SE'BH Street' Ft a Lauderdale, FL 33:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Burbara Briglio
HIA- no change	3263 NW GIST SWEET
,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Boca Raton, Fr 33496
If amending the registered agent and/or registered office new registered agent and/or the new registered office administration of New Registered Agent:	
Name of New Registered Agent:	
Ole New Peristand Office Address	dda ata at addanad
New Registered Office Address: (Flori	ida street address)
	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am osition.	
Signature of New	Registered 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]			
Title	Name	Address	Type of Action
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	П Ламана
•		-	- Ranove
			— —
			til sad
			D
E. <u>If amen</u> (attach a	ding or adding additional additional additional sheets, if necessary	Articles, enter change(a) here: y). (Be specific)	

The date of each smendment(s) adoption: _	12/11/09
Effective date if applicable:	(date of adoption is required) [2-] 11 09
(no ma	re than 90 days after amendment file date)
Adoption of Amendment(s) (CI	HECK ONE
The amendment(s) was/were adopted by the was/were sufficient for approval.	e members and the number of votes cast for the amendment(s)
There are no members or members entitled adopted by the board of directors.	to vote on the amendment(s). The amendment(s) was/were
Dated 12/11/09	Quigis
(By the chairman or have not been selec	vice chairman of the board, president or other officer-if directors ted, by an incorporator — if in the hands of a receiver, trustee, or d fiduciary by that fiduciary)
Pav	1 Finizio
(T)	ped or printed name of person signing)
Pre	sident and Director
	(Title of person signing)

Page 3 of 3