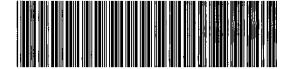
# N04000011930

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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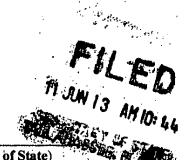
## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: Finding The Lost Sheep Inc.					
DOCUMENT NUMB	er: N04000011930				<u>.</u>
The enclosed Articles of	of Amendment and fee are submi	itted for 1	filing.		
Please return all corresp	pondence concerning this matter	to the fo	llowing		
		ny Hodg		·	
	(Name of Co	ontact Pe	rson)		
	Finding The	Lost Sh	eep In	c	
	(Firm/ C	Company	)		
	P.O.Bo	x 77059	91		
	(Ad	dress)			
	Winter Gard	den, FL	34777		
**************************************	(City/ State	and Zip (	Code)		
	findingthelostsh E-mail address: (to be used t	eep@y	ahoo.c	om report notification	on)
For further information	concerning this matter, please c	all:			
Anthony Hodge		at (	407	340-4898	
(Name o	f Contact Person)		(Area C	ode & Daytime	Telephone Number)
Enclosed is a check for	the following amount made pay	able to th	ne Florid	a Department of	State:
	☐ \$43.75 Filing Fee & Certificate of Status	Certifie	75 Filinged Copy onal coped	-	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendi Division P.O. Bo	z Address ment Section n of Corporations ox 6327 ssee, FL 32314		Division Clifton	Address ment Section n of Corporations Building secutive Center Ci	ŕ

Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation of



# Finding The Lost Sheep Ministries Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

### N04000011930

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

Finding 1	The Lost Shee	ep Inc.	
he new name must be distinguishable and co bbreviation "Corp." or "Inc." <u>"Company" o</u>			acorporated" or the
. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>			
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		P.O.Box 770591	
, ,			
. If amending the registered agent and/or i			
		address in Florida, e	
. <u>If amending the registered agent and/or new registered agent and/or the new regi</u>	stered office ad	address in Florida, e	
If amending the registered agent and/or new registered agent and/or the new registered Agent:	stered office ad	e address in Florida, e dress: ida street address)	nter the name of the
If amending the registered agent and/or new registered agent and/or the new registered Agent:	stered office ad	address in Florida, e dress:	nter the name of the

<u>If amendia</u>	ng the Officers and/or Directors, er	<u>iter the title and name of eacl</u>	officer/director being
removed a	and title, name, and address of each ditional sheets, if necessary)	Officer and/or Director bein	g added:
(Attach dat	unional sneets, if necessary)		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			LI Kelllove
<del></del>			
		<del></del>	☐ Remove
Г. 16	P . 11 110 1 1 1 1 1 1		
(attach o	ding or adding additional Articles, additional sheets, if necessary). (Be	enter change(s) here:	
(unacn u	(Be	specific)	
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		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s)	adoption: 6-10=2011
• •	(date of adoption is required)
Effective date if applicable:	
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
have n	chairman of vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, of ourt appointed fiduciary by that fiduciary)
-	Anthony Hodge (Typed or printed name of parent signing)
	(Typed or printed name of person signing)
	PD (Title of some signise)
	(Title of person signing)

Page 3 of 3