## NO1000003249

| (Red                      | questor's Name)   |             |
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| (Add                      | dress)            |             |
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| (City                     | y/State/Zip/Phone | e #)        |
| PICK-UP                   | WAIT              | MAIL        |
| (Bus                      | siness Entity Nar | me)         |
| (Doc                      | cument Number)    |             |
| Certified Copies          | Certificates      | s of Status |
| Special Instructions to F | Filing Officer:   |             |
|                           |                   |             |
|                           |                   |             |
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04/18/12--01021--008 \*\*52.50





## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NEW BEGINNII   | NG'S INTERNATION   | IAL FOOD MINISTRIES, INC.  |
|--|--|--|
| DOCUMENT NUMBER: NO100003  | 3249   |  |
| The enclosed Articles of Amendment and fee are sub   | mitted for filing.   |  |
| Please return all correspondence concerning this matt  | er to the following:   |  |
| Bruno Portigliatti   |  |  |
|  | (Name of Contact Person  | n)   |
| NEW BEGINNING'S INTERNA  | ATIONAL FOO  | D MINISTRIES, INC.   |
|  | (Firm/ Company)  |  |
| 5950 Lakehurst Building  | , Suite 169  |  |
|  | (Address)  |  |
| Orlando, Florida 32819   |  |  |
|  | (City/ State and Zip Code  | e)   |
| bportigliatti@gma  |  |  |
| E-mail address: (to be used  | I for future annual report i                                       | notification)  |
| For further information concerning this matter, please   | call:  |  |
| Floralee A. Shindoll   | 407  | 896-0101   |
| (Name of Contact Person)   | (Area Co   | ode & Daytime Telephone Number)  |
| Enclosed is a check for the following amount made pa   | yable to the Florida Depa  | rtment 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) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Amendi<br>Division<br>Clifton<br>2661 E:                           | Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301  |

## Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as current   | v filed with the Fl | lorida Dept. of State)            |                                 |              |
|---|---------------------|-----------------------------------|---------------------------------|--------------|
| N01000003249  |                     |                                   |                                 |              |
| (Documen  | t Number of Corpo   | oration (if known)                |                                 | _            |
| Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorporat |                     | tes, this <i>Florida Not Fo</i> r | r Profit Corporation adopts the | ne following |
| A. If amending name, enter the new na   | me of the corpora   | tion:                             |                                 |              |
| New Beginnings Global C   | Outreach, In        | c.                                |                                 | The new      |
| name must be distinguishable and contain  |                     | ation" or "incorporated           | " or the abbreviation "Corp.    |              |
| "Company" or "Co." may not be used in   | the name.           | NI/A                              |                                 |              |
| B. Enter new principal office address, i  |                     | N/A                               |                                 |              |
| (Principal office address MUST BE A ST  | <u>KEET ADDRESS</u> | ()<br>                            |                                 |              |
|   |                     |                                   | •                               | _            |
|   |                     |                                   |                                 | _            |
| C. Enter new mailing address, if applie<br>(Mailing address MAY BE A POST C           |                     | N/A                               |                                 |              |
| (Manning under 23 MALL BEALT OST C  | THEE BOX            |                                   |                                 | _            |
|   |                     |                                   |                                 |              |
|   |                     |                                   |                                 | _            |
| D. If amending the registered agent and   | l/or registered off | ice address in Florida.           | enter the name of the           |              |
| new registered agent and/or the new   |                     |                                   |                                 |              |
| Name of New Registered Agent:   | N/A                 |                                   |                                 |              |
|   |                     |                                   |                                 |              |
|   |                     | (Florida street address)          |                                 |              |
| New Registered Office Address:  |                     |                                   |                                 |              |
|   | N/A                 |                                   | , Florida                       |              |
|   | (City)              | )                                 | (Zip Code)                      |              |
| New Registered Agent's Signature, if ch   |                     |                                   |                                 |              |
| I hereby accept the appointment as registe  | red agent. I am fa  | amiliar with and accept i         | the obligations of the position | 1.           |
| <u> </u>  |                     | V/A                               | <del> </del>                    |              |
| Sign  | nature of New Regis | stered Agent, if changing         | g                               |              |
|   |                     | Page 1 of 4                       |                                 |              |

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             | PT           | John Doe    |         |
|-------------------------------|--------------|-------------|---------|
| X Remove                      | <u>v</u>     | Mike Jones  |         |
| X Add                         | <u>sv</u>    | Sally Smith |         |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change Add Remove          | <del></del>  | N/A         |         |
| 2) Change Add Remove          |              | N/A         |         |
| 3 ) Change Add Remove         |              | N/A         |         |
| 4) Change<br>Add<br>Remove    |              | N/A         |         |
| 5) Change Add Remove          |              | N/A         |         |
| 6) Change<br>Add<br>Remove    | <u>.</u>     | N/A         |         |

|                                       | N/A |      |  |  |
|---------------------------------------|-----|------|--|--|
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|                                       |     |      |  |  |

| The date of each amendmen                            | t(s) adoption: Corporation name change: 03/15/2012  |
|--|---|
| Effective date <u>if applicable</u> :                | 4/15/2012   |
|  | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                             | ( <u>CHECK ONE</u> )  |
| The amendment(s) was/w<br>was/were sufficient for ap | vere adopted by the members and the number of votes cast for the amendment(s) pproval.  |
| There are no members or adopted by the board of      | members entitled to vote on the amendment(s). The amendment(s) was/were directors.  |
| Dated  | 16/2012<br>Dunaltaliate   |
| have t   | e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) |
| Bruno  | Portigliatti  |
| <del> · · · · ,,</del>                               | (Typed or printed name of person signing)   |
| Preside  | ent   |
| <del> · · · · · · · · · · · · · · · · · ·</del>      | (Title of percon cigning)   |